STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Ballemore Registration Dist. No. 33 (if death occurred in a hospit .. ir institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 3 SEX R DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (i.fonth) and that death occured on the date stated above, at 11:55 IIILESS than 7 AGE I day hrs. ds. or min.? B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry (Duration) business, or establishment in which employed cr (employer) Secondary 9 BIRTHPLACE (State or country) . (Address) 0 11 BIRTHPLACE *St.te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 00 11 OF FATHER OZ PARENT CAUS (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 EIRTHPLACE At place .mos da OF MOTHER Where was disease contracted, if not at place of death? Every its CIANS s Balto. Kequesting V. S. No. 1. If more b.anks are needed, addruss State Registrar, 16 W. Saratoga St.,

BINDIN

0

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation Stationary fireman, et .. If the occupation has been changed Locomoline engineer, But in many

Stateme t of Cause of Death—Name, first, the DISEASE CAU ING DEATH (the primary affection with respect to time a.d causation), using always the same accepted term for the same disease. Examples: Curebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid Ismer (never report "Typhoid Pneumonia"); Lobar meumonia Bronchopneumonia ("Pneumonia").

tetanus) may be stated under the head of 'contributory " accident; Revolver wound af head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite: avoid approved (Recommendations on statement of cause of death as fracture of skull, carbolic acid-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal conoi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage ν¸d cough, " "Marasmus, of skull, and consequences (e.g., sepsis, Committee on Chranic Example: Measles (disease " "Old Age, etc. valvular heart Nomenclature Always qualify all The contributory Shock, " Meusles; disease; of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

W.

OCCUPAshould item of jo PHYSICIANS statement RECORD. Exact properly classified. XACT stated E certificate jo back plnods may on so that instructions supplied. OF DEATH in plain terms, See important very

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH Length of residence in city or town where death occurred **FULL NAME** (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work warried 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS tha Days 1 day, _____ or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceasad last worked at 11. Total time (years) this occupation (month and spent In this 4 occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR, REMOVAL TION is CAUSE 19. UNDERTAKER 20, FILED Del

09851

	13-8)	2
	Registration Dist. No.	00
	No. aughurth Manor. St.	Ward
	No	
_ mos.	ds. How long In U. S. if of foreign birth?yrsr	iosds.
	•	
an	- Still . Ward.	
	If nonresident give city or town and	1 State
	MEDICAL CERTIFICATE OF DEATH	
). I)	21. DATE OF DEATH Cectoles 12	
"	(Month) (Day)	, 1933 · (Year)
	(month) (bay)	(Tear)
	22. HEREBY CERTIFY, That I attended	deceased from
_	Sept 30 , 1933 to let 17	, 1993.
	I last saw her aliva on let 11 1933	_; death is said
n	to have occurred on the date stated above, at 340 Am.	
.hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
		Date of onset
	Rysentery- (facillary)	9/20/22
		- feferfation.
,		
	Other Contributory Causes of Importance:	
		-
	Name of operation	
	What test confirmed diegnosis? Host Expure: Was there an	autopsy? LCO.
	23. If death was due to axternal causes (VIOL ENCE) fill in also tha following	g:
	Accident, suicide, or homicide? Data of injury	, 19
	Where did Injury occur?	
	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	le) ACE.
46	Menner of injury	
3.5	Nature of Injury	
		110.
2	24. Was disease or injury in any way related to occupation of deceased?	0
for the	If so, specify	2 %
	(Signed) 97 W	M. D.
	(Address) Junisan Ill	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A TANAMAN AND A CONTROL OF THE ANALYSIS OF THE

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHISIC	IAN
	£	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

County L	lter	work	Registration	n Dist. No. 3.3
Village or City	owl	lesburg		St., Ward
Length of residence in city	or town when	re death occurredyrs	nosds. How long in U.S. if of foreign birth?	
2. FULL NAME	leve	chain W	Bankerd	
(a) Residence: No.			St.,Ward.	
DEDCONAL AND	CT 4 TIC	(Usual place of abode)		nt give city or town and State
B. SEX 4. COLOR		TICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICAT	E OF DEATH
male whe	ite	OR DIVORCED (write the word)		(0ay) , 193 & (Year)
a. If married, widowed, or divorce HUSBANO of (6) WIFE of	ed	cet Banker		FY, That I attended deceased from
DATE OF BIRTH (100	19-1846	I dast saw him alive on Oak 24	1938 death is said
. DATE OF BIRTH (month, dey,	Months	Oeys If LESS ther	-	of Pm.
8%	7	25 1 day,	The PRINCIPAL CAUSE OF DEATH end related centers as follows:	
8. Trade, profession, or part kind of work done, es	COLUMED	00-	- A	Oate of onset
SAWYER, BOOKKEEPI	ER, etc.	Im	Gractured high	July 1- 2.
9. Industry or business in work wes done, es SII SAW MILL, BANK, etc	K MILL,	-		
10. Oete deceased last worke this occupation (month year)	ed et	11. Total time (years) spent in this occupation		
. BIRTHPLACE (city or town)	m	4.7.7.	Other Contributory Canses of Importance:	
(State or country)	, ,	and and	- astheria + Led sores for	me left so
13. NAME / Deuf	un	1 Janker	inanitary (Starvation	self) To Oct 4-3
14, BIRTHPLACE (city or town (State or country)	n) 1/1	auland	Neme of operation	Dete of
	1151	e actions		Wes there en autopsy? 120
	1	1	23. If death was due to externel ceuses (VIOL ENCE) Accident, suicide, or homicide? Caccident	- 4
16. BIRTHPLACE (city or town (State or country)	"Itt	Musun	Where did injury occur? Frankleston	1 ma
7. INFORMANT MAS (Address) How	Bei	y clark,	Specify whether injury occurred in INDUSTRY, In H	of lown, county and State)
8. BURIAL, CREMATION, OR REI	VIOVAL O	going ma	Manner of injury accidental	1. 1.11
Plece Leiste	is Cle	wiebbre Oct / 193	3 Neture of injury Vasclosed	and the same of th
9. UNOERTAKER & de	J &	of ipton	24. Was diseese or Injury in any wey related to occu	spetion of deceased?
O FILED OCT. 6 19	and	Il III SO In	If so, specify (Signed Ouril 6	the mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PERMANEN RECORD. Every item of infor-	d EXACTLY. PHYSICIANS should state	rly classified. Exact statement of OCCUPA-	cate.
HIS IS	be st	be pr	of cer
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	F MARYLAND-	CERTIFICATE OF DEATH 09853
1. PLACE OF DEATH		
County Baltimore		Registration Dist. No. 4
/ Village or City Lansdowne		No. Hammonds Perry Rd. St., Ward
Length of residence in city or town where de-		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?wyrsmosds.
2. FULL NAME Jacob Bo		
	Ferry Rd.& Ran	3037 Arrows
(a) Residence: No. Managements	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Thite	S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Solver 3, 1933. (Month) (Day), (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rlizabeth Ba	yer(nee Schmidt	22. I HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	. 18 1875	I last saw hum alive on Oct 3, 1933 death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 5.10 m.
9 10	/6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7-2	Data of onset
SAWYER, BOOKKEEPER, etc.	abinet Haker	arterosclus with
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		suggearditis Jan 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	<u></u>
19 DIDTIBLACE (situat town)		Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country) HUNGALY	*************	Branch Detoni 213
🖺 13. NAME Paul B	yer	10 Norman station 1933
13. NAME Paul Bo	7	Name of operation Date of What test confirmed diagnosis? Legical Was there an autopsy?
		23. If death was due to external causes (VIOLENCE) fill in also the following
15. MAIOEN NAME Unlong over	•	Accident, suicide, or homicide?
(State or country) Hungary	7	Where did injury occur?
17. INFORMANT Mrs. Elizabet (Address) Hammonds Peri	th Bayer TV Ru. & Randal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ISU JVALO, III.	Manner of Injury
Place le gilecral	Date Oct 6/519	Nature of injury
19. UNOERTAKER Harry H. (Address)	withte	24. Was disease or Injury in any way related to occupation of deceased?
911- 11	h 11	(Signed) (Signed) M. D.
20. FILE	Register.	(Address) (3030) Palmandson as
If more bl.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
OF STATE OF			

should state of OCCUPA. RECORD. Every item of infor-PHYSICIANS Exact statement properly classified. TH UNFADING INK -- THIS IS A PERMANE stated EXACT See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEA	тн			94-4)	19854
	County Balt	imo re			Registration Dist. No. 38	
	Village or City_TC			(If	No. Sheppard & Enoch Pratt SHO: death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	Ward ward
				loward Bl		
Z	(a) Residence: No.				St., Ward. Baltimore If nonresident give city or town and	1 State
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	Diago
3. 5			5. SINGLE, MARE		21. DATE OF DEATH OCt. (Month) (Day)	, 1933
5a.	If married, widowed, or div HUSBAND of				22. I HEREBY CERTIFY, That I attended	deceased from
6. I	DATE OF BIRTH (month, da	ay, and yeer) NOV	7. 7. 18	379	Hast saw her elive on Oct. 21 1933	; death is said
	AGE Years 53	Months	Days 5	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, et. 6.: 55Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or p kind of work done SAWYER, BOOKKE 9. Industry or business I work was done, es SAW MILL, BANK,	, as SPINNER, EPER, etc In which SILK MILL,	Housew:		Coronary thrombosis 00	Date of greet
220	10. Date deceased last wo this occupation (myear)	orked et onth and	11. Totel ti			
12.	BIRTHPLACE (city or town (State or country)		on Pa.		Other Contributory Causes of importance: Hyperthyroidism involutional	1932 1 year
ER	13. NAME Ralph	F. Howe	ard		melancholia	Dec.
FATHER	14. BIRTHPLACE (city or t (State or country)	lown)			Name of operation Date of Date of What test confirmed diagnosis? Was there an	
ER	15. MAIOEN NAME AT	nanda Bro	own Howa	ard	23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
15. MAIOEN NAME Amanda Brown Howard 16. BIRTHPLACE (city or town) (State or country)					Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT HOSDI (Address)	tal Reco	ords		(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pi	ACE.
18.	BURIAL, CREMATION, OR				Menner of injury	
_	PlaceJackson	Pa.	Date_Oct_	22,19.33	Nature of injury	
19.	UNDERTAKER Ster (Address) 108				24. Was disease or injury in any wey related to occupation of deceased? If so, specify	
20.	FILED Oct. 22	1933Wm.	P. But	ler Den	(Signed) Arthur E. Pattrell, M. D. (Address) Towson, Md.	M. D.
		If more b	blanks are needed, a	daress Stale Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

B.—WRITE

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emilersy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ar O	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10 6 2	
Other contributory causes of importance:		Other contributory cause of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0985
1	1. PLACE OF DEATH .	(3)
	County Baltemore	Registration Dist. No.
	Village or City Dundalk	No. 6779 Woodley Rd St. Ward
	Langth of residence In city or town whera death occurred 7 yrs 10 mos	f death occurred in a hospital or institution, give its MAME instead of street and number) sds. How long in U.S. if of foraign birth?
	FILL NAME Suice Pauline 13	as usa;
1/	(a) Position III / 270/Load la PA	
/_	(a) Residence: No. 6 / 1900aley (Usual place of abode)	St., Ward. If nonresident give city or town and State
1_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct (Day) (Yaar)
5a.	If married, widowed, or divorced HUSDAME of GOOD LEE Boring	22. 1 HEREBY CERTIFY. That I attanded decaased from
	DATE OF BIRTH (month, day, and year) Fef 12, 1988	I last saw h E live on Oct o 1933 death is said
	AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 8304m
	45 7 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
z	8. Trade, profession, or particular	Grenia Date of onset
TION	kind of work done, as SPINNER, Adousework	Leutacute repliritio I wee
CCUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Appertention 15 yr
220	10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 24.	0
12.	BIRTHPLACE (city or town) Doanville	Dther Coutributory Causes of importance:
	(State or country)	Chronic nephritis
JER	13. NAME Elmer Weldon	arteriscluster. 544
FATHER	14. BIRTHPLACE (city or town) Convelle (Stata or country)	Name of operation
HER	15. MAIDEN NAME lynes belong.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Critical	Accident, suicide, or homicide? Date of injury, 19
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
	(Address) 6779 Woodley Rd.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL WIND 10/9	Manner of injury
19.	UNDERTAKER & Mulwille Jenkins.	Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 200.
	(Addrass) 59 Dundall Cive Dundal	CIf so, spacify
20.	FILED 10/6/312 Doublearing	(Signad) Alindalk, red

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

OCCUPA-1. PLACE OF DEATH should item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?______yrs._____mos.____ds. Length of residence in city or town where death occurred statement ECORD. (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Day) (Year) classified 5a. If married, widowed, or divorcad HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days 1 day, _____hrs. or min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. uo 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ___ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation in plain (Stata or country) carefully What test confirmed diagnosis?_____ Was there an eulopsy?__ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homleida? DEATH 16, BIRTHPLACE (city or town) Data of Injury (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, er In PUBLIC PLACE. should very i 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation TION Natura of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED COLLO Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1868			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

09858

0.	Registratio	n Dist. No.	37
No. Tadonie	eld.	St.	Ward
death occurred in a hospital or institu		ME instead of street an	
s Dorless			
St., Ward.			
MEDICAL C		nt give cily or town a	
21. DATE OF DEATH	A V	L OF DEATH	
	CO	. //	, 193
	(Month)	(Day)	(Year)
22. HEREBY		FY, That I attended	40.40
I last saw h_ 2 / alive on	Oct 10		3_; death is said
to have occurred on the date state	ed above, at/2.		, 000111 10 0010
The PRINCIPAL CAUSE OF DEA' were as follows:			Date of onset
	, , ,		
Carebras	after	noselli	A grand
	said		ago
Other Contributory Causes of imp	ortance:		
None			
Name of operation What test confirmed diagnosis?	Charles	P Was there a	
23. If death was due to external car			
Accident, suicide, or homicide?	9		, 19
Where did injury occur?	(Snacify city	or town, county and S	
Specity whether injury occurred i	n INDUSTRY, in I	HOME, or in PUBLIC I	PLACE.
Manner of injury		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Nature of injury			
24. Was disease or injury in any w		unation of deceased?	Lo
If so, specify	121	~ P	
(Signed)	1950	chast	M. D.
(Address)	03 1Kg	1 aven	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes The principal cause of death and related causes Dete of onset Dete of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year



ż

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

09859

1. PLACE OF DEATH	23
County BALT I MORE	Registration Dist. No. 3 ×
Village or City HALE TOWN	No. St., Ward
Length of residence in city or town where death occurred 5 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME CLARENCE E. BOSS	O M
(a) Residence: No. HALETOWN, BALTIMORE COUN	VI 1981, MD. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH OCTOBER (Month) (Day) (Year)
50. Il married, widowad, or divorced HUSBAND of (or) WISE of ESTEWA BOSSOM	22. I HEREBY CERTIFY, That I attended deceased from 1930, to 0.0000000000000000000000000000000000
6. DATE OF BIRTH (month, day, end year) JUNE 1-1878	I last saw him alive on October 3 , 1933; deeth is said
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, at \$30 Q, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, prolession, or particular kind of work done, es SPINNER, LABURER SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	PULMONARY :1925
Note that the second last worked at this occupation (month end 1932 year) Note that the second last worked at this occupation (month end 1932 occupation 5/8)	
12. BIRTHPLACE (city or town) MOUNT CARIMEL, BALTIMORI (State or country) COUNTY, MARYLAND	
13. NAME CHARLES BOSSOM	None
14. BIRTHPLACE (city or town) MOUNT CARMEL, BALTO CO. (State or country) MD	Name of operation
# 15. MAIDEN NAME ITARRIS	What test confirmed diagnosis? Sevium + X- La Collection and oppose? No
16. BIRTHPLACE (city or town) BALTO CO. MD. (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT WIFE MRS. ETPLLE BOSSOM	Where did injury occur? (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, OF THE SERVICE DATE CON 7, 1933	Manner of injury Neture of injury
19. UNDERTAKER Edle A Tipton (Address) A auch stead Wed	24. Was disease or injury in any way related to occupation of deceased? 7.65
20. FILED Oct 6. 1933 C. E. Fowthe M. LO. Registrati	(Signed) D. U. Bogusum M. D. (Address) Sundals ned

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car-	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 09860
1. PLACE OF DEATH	<u></u>
County Pallemore.	Registration Dist. No.
Village or Cityforreonnelle	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
T / LP)	and the long in c. 3. if of foreign uniting years and the same and the
2. FULL NAME Jufaul Co	
(a) Residence: No Concept (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	A (Coly)
(or) WIFE of	1 HEREBY CERTIFM. That I attanded daceased from
MA 12 1022	I last saw her aliva on 097, to 1933 death is said
6. DATE OF BIRTH (month, day, and year) 7. ACE Yaars Months Days If LESS than	to have occurred on the data stated above, at ?
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratatad causes of importanca
8. Trade, profession, or particular	wera as follows:
8. Irade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and spant in this spant in this	Trematine tools
9. Industry or businass in which	
work wes dona, as SILK MILL, SAW MILL, BANK, atc.	al 6 ma
O 10. Data deceased last workad at this occupation (month and yaar) spant in this occupation occupation	
удан)	Othar Contributory Causes of importenca:
12. BIRTHPLACE (city or town)	
13. NAME CLUSTON C JOYAS 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (Stata or country)	Name of oparation
	What test confirmed diagnosis?
T Contract of the state of the	23. If daath was dua to axternal causas (VIOLENCE) fill in also tha following: Accidant, suicida, or homicida?
16. BIRTHPLACE (city or town) (State of country)	Where did injury occur?
17. INFORMANT Gestien C. 120-yol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Audalelow The	
18. BURIAL, CREMATION, OR REMOVAL 10/19/ 33	Manner of injury
Placa Home Data Data 19	Neture of injury
19 UNDERTAKER Clustin (. 1 Doy & . taches	24. Wes disease or injury in any way ralated to occupation of deceased?
(Addrass) Harrisonnelle ml.	If so, spacify A A
20. FILED 10/17 10 33 mm. Bubber	(Signad) M. D. M. D.
Registrar.	(Address) Color of the total of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 OATE OF DEATH MARRIED. WIDOWED, VE OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. instri The CAUSE OF DEATH * was as follows: or min.? B OCCUPATION See (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) DD 10 NAME OF FATHER O (Address) .. 11 BIRTHPLACE PARENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transshould state ients or Recent Residents) 13 BIRTHPLACE At place In the State 76 vra 6 mos // da OF MOTHER yrs. // mos 200 de of death .. (State or country) Where was disease contracted, if not at place of death?.. of Every item CIANS sho statement usual residence (Address) Filed addres State Registrar, 16 W. Baratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in stead of street and

number.)

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "Inanition," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; L. stated unless importan+ use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease ," "Coma," "Convulsions, chopneumonia (secondary), affection need etc. The contributory valvular heart not

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	62
1. PLACE OF DEATH		00
County Baltimore	Registration Dist. No. 30	
	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Caroline S Brush		
(a) Residence: No. Edus Junas. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The second seco	21. DATE OF DEATH October 3 (Month) (Day)	3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Bruck	22. I HEREBY CERTIFY, That I ettended decea	sed from
6. DATE OF BIRTH (month, day, and year) Loca 14- 1869	I last sew h_ lay_alive on Oct 2, 19.23; dea	th is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Houselength	Olionia Inter hethritis !	MA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (morth and	A	
10. Date deceased last worked at this occupation (month and 1933) 11. Total time (years) spent in this occupation occupation occupation		
12. BIRTHPLACE (city or town) Ballinger	Other Contributory Causes of importance:	
(State or country)	arlera Solerasio	
13. NAME Frederick Solley.		
13. NAME Trederich Soliley. 14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diegnosis? Claured turk Was there an autops	yr. Cho
15. MAIDEN NAME Cleura lite Shelsher 16. BIRTHPLACE (city or town) Balla	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
(State or country)	Where did injury occur?	
17. INFORMANT Chas Brule (Address) Calamilla hid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placo Seew March Date Oct 5, 1233	Nature of injury	
19. UNDERTAKER Jus O Mulatile a Sous (Address) 19 mg Entain Plas	24. Was disease or injury in any wey related to occupation of deceased?	0
20. FILED Oct 3, 1933 Transhall B Wash	(Signed) Marshall B 475	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09864
1. PLACE OF DEATH	92:00
County Balling	Registration Dist. No. 37
Village or City See A Des	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where death occurred	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Charles Maynery	Brodex
(a) Residence: No.	- St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male of the OR DIVORCED (write the word)	Och 67 193-3
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
(or) WIFE of Josephine Brodisc	22. IHEREBY CERTIFY, That I attanded decaesed from
0 4	, 19 , to , 19
6. DATE OF BIRTH (month, day, and yaar)	I last saw h aliwa on; death Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
60 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.)
8. Irada, profession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaased last workad at this occupation (month and this pocupation (month and this pocupation (month and this pocupation).	, Dies Bulder
work was dona, as SILK MILL, Retued 7 yes.	
10. Data dacaased last worked at this occupation (month and spant in this	Durily 4 wy James
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Cana	Other Contributory Causes of Importance:
(Stata or country)	dorte requestalina
13. NAME Was Bushing	
13. NAME 14. BIRTHPLACE (city or town) Sourcelle	Name of operation Date of
(State or country) Rentredes	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mare Wicker	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whare did injury occur?
17. INFORMANT MA Thomas Baselid	(Specify city or town, county and State) Spacify whethar Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 536 Suth-St 7.4 C.f.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 7, 1933	Nature of injury
19. UNDERTAKER	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Address) Sparles and	If so, specify
20. FILED Och 6 1933 Af Drach ms	(Signed) Arach Yor, B A Cluson M. D.
Registrar.	(Address) Color Man mile

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------------	---------	------------	---------------	-----------

V. S. No. 1

Λ	\cap	63	0	prior .
U	J	0	0	5

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09865
1. PLACE OF DEATH	(31)
County Baltimore	Registration Dist. No. 3 7
Village or City Suthemalle	No. St., Ward
Langth of residance in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Chairtony 50	65.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH OCA 31
5a. If married, widowad, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Martha E. Grown	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Mar, 22 1855	I last saw h. win state on on 3/ 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.4.0. f.m.
78 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Date of onset
A Industry or business in which	Marina 10/30/3
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Salts - Co.	Dthar Contributory Causes of Importance:
(State ar country) Mangland	Mighrely arthritis
13. NAME Chartopher Reserved	
	Name of operation
(Stata or country) I 15. MAIDEN NAME MORAGO	What test confirmed diagnosis? Church Was there an autopsy? No
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
17. INFORMANT Mrs W. R. Sinderson	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Place MY. Date Nov. V, 1933	Manner of injury
19. UNDERTAKER Won C Brook of Sin	24. Was diseasa or Injury in any way related to occupation of dacaased? (No
20. FILED New 1 , 19 5 3 1 1 C Myse Registration	(Signed) M. D.
M. Garrett	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	A CENTER	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1-year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH (1986)
1. PLACE OF DEATH	112) Sin 1141
County / Fally /	Registration Dist. No.
Village or City Steep (If	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME John Shomas /	grown,
(a) Residence: No. 4 College Was (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) 9th - Monday 193 3 3 (Year)
5e. If married, widowed, or divorced HUSBAND of	22- 1 HyEREBY CERTIFY, That I attended deceased from
(or) WIFE of learl May Brown	from the 7th, 1933, 10 tho 9th - 1933
6. DATE OF BIRTH (month, day, end year) Lee . 8 - 1877	Hast saw him alive on the of the day , 1933 ; death is sold
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atn
55 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Ou herfulton	and the total of
kind of work done, as SPINNER, after the SAWYER, BOOKKEEPER, etc.	apuma ompucaus;
work was done, as SILK MILL, SAW MILL, BANK, etc	the Aller of the
10. Date deceased last worked et 2 1/2 Mg 11. Total time (years) spent in this	bed must of time
year) oerupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) allamone / // (State or country)	
13. NAME John Momas Brown	
14. BIRTHPLACE (city or town) Dallemere Mil	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME - OVERFIELD / 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Overfills 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Wife Joller Wal Sort	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Wate Lawr Custate 10/12/, 1933	Nature of injury
19. UNDERTAKER John Connely (Address) Es all Ma	24. Was disease er Injury In any wey related to occupation of deceased?
20. FILED 10/13/ , 1933 Johnson Cornelly Registration	(Signed) 6. Grain Valo - M. D. (Address) Essex mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
LEUKE V VERE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

PLACE OF DEATH	S
County Dallimore	(H) CE
Village or City Parkville No. Elle	n leve.
2FULL NAME Elizabelli C	em Bu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CER
June 3, 1853	Leptunker Z
(Month) (Day) (Year)	that I last saw h Manaliy
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH *
B OCCUPATION (a) Trade, profession or particular kind of work	und re
(b) General nature of industry business, or establishment in which employed or (employer)	at lie
9 BIRTHPLACE (State or country)	Contributory Secondary
FATHER MEN O. Barbon	(Signed) John 5
OF FATHER (State or country) 12 MAIDEN MARK 12 MAIDEN MARK 13 MAIDEN MARK 14 MAIDEN MARK 15 MAIDEN MARK 16 MAIDEN MARK 17 MAIDEN MARK 18 MAIDEN MARK 18 MAIDEN MARK 18 MAIDEN MARK 19 MAIDEN MARK 10 MAIDEN MARK 10 MAIDEN MARK 11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Violent Causes, state (Accidental, Suicidal or Ho
a of mother most	18 LENGTH OF RESIDE
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above The CAUSE OF DEATH * Contributory Secondary *State the Disease Causing Dea Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy loborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Automobile foctory. Solesman, Locomotive engineer, The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, When a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Committee "Heart failure," "Ilaemorrhage, Chronic on Nomenclature of the The nature of the injury, affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essentiat and must be obtained before the certificate is permanently fice.

eptninal
bro-

BINDING

FOR

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					23)		
/County_Baltimore					Registration Dist. No. 2 >		
/ Vi	illage or City	Wit. Wil	son ,	e ^A	Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriust, f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
/ Le	ength of residence in	city or town where	death occurred	O yrs 9 mos	f death occurred in a hospital or institution, give its NAME instead of street and s. 12ds. How long in U.S. if of foreign birth?yrs	number)	
1/	LL NAME				monthly monthl	wsus.	
1			ell E. B		7 7-34		
(a) Residence: No	DIUD C	Belair R (Usual place	of abode)	St., Ward. Baltimore, Mo	State	
	ERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Mal		OR DR'RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH October 21st. (Month) (Day)	, 193 3 • (Year)	
HUS	riad, widowed, or div BAND of						
(or)	WIFE of H	elen Bru	aff		22. I HEREBY CERTIFY, That I attended January 9th, 1933 to October 2	daceased from	
6. DATE	OF BIRTH (month, da	av. and year) Jil	1v 15th	. 1896	Hast saw him alive on October 21st. 1933	death is said	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated above, at 4 . 15P m.	s , adatii 13 3aid	
	37	3	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1	
z 8. T	rade, profession, or p kind of work dona	particular as SPINNER	Salesm	10.10		Oct.	
13/ 2	SAWYER, BODKKE	EPER, etc.	Dalesii	lan ·	Pulmonary tuberculosis.	1932	
an W	ndustry or business i work was done, as SAW MILL, BANK,	SILK MILL,	lutomobi	le			
	ate deceased last wo this occupation (mo	orked at	11. Total t	ime (years)		-	
10	year)	ct. 1931	0csi	pation 10yr		-	
12. BIRTH	IPLACE (city or town	Baltin	nore		Dther Contributory Causes of importance:		
	tata or country)	Maryla			Pulmonary hemorrhage.	Oct.8	
13. N. 14. B	AME Joshi	ua O. Br				1933	
¥ 14, B	IRTHPLACE (city or t		imore /land		Nama of operation No operation Date of		
œ 1.5 M	(State or country)				What test confirmed diagnosis? A-ray, and was there an a	autopsy?_NO_	
E		Katie E.	imore		23. If destit was Qua to external causes (VIDLENCE) fill in also the following		
Q 16. B	(State or couptry)	UWIII	land		Accident, suicide, or homicide? Date of injury	, 19	
1.011				0	Where did injury occur? (Specify city or town, county and State Consider whether injury and State Consider whether whe	(e)	
17. INFOR		At. Wils	son, Md.	3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	AUE.	
18. BURIAL, CREMATION, DR REMOVAL					Manner of injury		
Place Dallinor Centrale 10/24, 1933				24 1933	Nature of injury		
19. UNDERTAKER & Terriel Zartono			Zasti	20	24. Was disease or Injury In any way related to occupation of deceased?	Vo	
(A	ddress) 9/	6 Pa	ang	4-4-1	If so, specify		
20. FILE CU 23, 19 73 / CE Mar				6) Mar	(Signed) John C. Juill	M. D.	
	07/2= WE LE			Registrar.	(Address) At. Wilson, Ad.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-----------	---------	------------	----	-----------

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA--WRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH County Part of the County Part o	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village ar- Gity Length of residence in city or form where death occurred. (It death occupied in a hospital as institution, give in NAME interest of steers and number) Length of residence in city or form where death occurred. (a) Residence: RD. 2. FULL NAME. (a) Residence: RD. (Unsappace of abodo) PERSONAL AND STATISTICAL PARTICULLARS SET. SET. (Unsappace of abodo) PERSONAL AND STATISTICAL PARTICULLARS SET. (Unsappace of abodo) SET. (Unsappace of abodo) PERSONAL AND STATISTICAL PARTICULLARS (Obertal Particular) (Indicate of the control of	1. PLACE OF DEATH	782)
Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred. Length of residence in city or from where death occurred should be a constructed on the city of the city or from and Site MEDICAL CERTIFICATE OF DEATH Length of resident give city or twon and Site MEDICAL CERTIFICATE OF DEATH Length of resident give city or twon and Site MEDICAL CERTIFICATE OF DEATH Length of resident give city or twon and Site MEDICAL CERTIFICATE OF DEATH Length of Death occurred on the date stated above, at 2 Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from min. Length of Business in which are city or from and state are city or from min. Length of Business in which are city or from min. Length of Business in which are city or fr	County Daltun or	Registration Dist. No. 3
Length of residence in city or from where death occurred. (a) Residence: No. (businates of shock) (Cusual place of shock) St. Ward. (businates of shock) St. Ward. (businates of shock) St. Ward. (businates of shock) St. Ward. (color or RACE S. ORDIOCAL CERTIFICATE OF DEATH (color) (color or RACE S. If married, widowed, or diverced business of color of color will col	Village or Sity Control of 10 HB	THE STATE OF THE S
(a) Residence: No. 3.2 (Usualplaced abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	V	20
(a) Residence: No. 3.2 (Usualplaced abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	2 FILL NAME LOS LOS	elia
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (curic the word) OR DIVORCED (curic the word) ORD D	2-10/	St Ward Ba GI - on 1
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curie the word)		
### OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND 193 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
#USBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 1 last saw h elive on 19.3.; death is said to have occurred on the date stated above, st.2/m. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of excessed last worked at worked at year) 10. Industry or business in which work was done as SILK MILL, min. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, or REMOVAD Place (Address) 19. Undertaker (Address) 19. Located at stated above, st.2/m. m. 19.3.; death is said to have occurred on the date stated above, st.2/m. m. 19.3.; death is said to have occurred on the date stated above, st.2/m. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK MILL, min. Were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SILK mill. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done as SILK mill. The PRINCIPAL CAUSE OF DEATH a		Oct 8 193 3
TAGE Vears Months Days If LESS than I day. hrs. or with the profession or particular were es follows: 8. Trade, profession, or particular were es follows: 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Advanced by the profession of the profession of the profession of the profession of particular were es follows: 10. Date deceased last worked at the profession of the professi	HUSBAND of	22. LI HEREBY CERTIFY, That I ettended deceased from
T. AGE Years Months Days If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country Date of country T. Intromant Saviet or country The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country Date of country The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country Date of country Date of country Date of country The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of country Date of country Date of country Date of country Name of operation. Name of operation. What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Nature of	6 DATE OF RIPTH (month day and year) Male 9 1861	I last saw h elive on Och 8 4 , 193 3; death is said
8. Trade, profession, or particular kind of work done as SPINNER, Abbert Rind of Ri	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 33° A.m.
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Industry or business in which SAW MILL, BANK, etc. 11. Total time (years) Spant in this occupation Dither Costributory Cases of importance, (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURTHPLACE (city or town) (State or country) 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address) 20. FILED 21. Signed) 22. Wes disease or injury In any way related to occupation of deceased? 17. Inso, specify (Signed) 22. Wes disease or injury In any way related to occupation of deceased? 18. DURTHAKER (Address) 20. FILED 20. FILED 21. Inso, reperiment 22. Wes disease or injury In any way related to occupation of deceased? 22. Wes disease or injury In any way related to occupation of deceased? 23. Meter of injury Manner of injury Nature of injury (Signed) 24. Wes disease or injury In any way related to occupation of deceased? 25. Wes disease or injury In any way related to occupation of deceased? 26. Wes disease or injury In any way related to occupation of deceased? 26. Wes disease or injury In any way related to occupation of deceased? 26. Wes disease or injury In any way related to occupation of deceased? 26. Wes disease or injury In any way related to occupation of deceased? 27. West disease or injury In any way related to occupation of deceased? 28. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased? 29. West disease or injury In any way related to occupation of deceased or i	/2 6 29 ormin.	
Description occupation Description Description Description Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral Embolism Idas
Description occupation Description Description Description Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL,	
Description occupation Description Description Description Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury		Dther Contributory Causes of importance.
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDYAD 18. BURIAL, CREMATION, OR REMDYAD 19. UNDERTAKER (Address) 19. UNDERTAKER (Addres		General Paralysis
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		of the meane fan 3
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	II 13. NAME luce Campaglia	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town)	Name of operation Dato of
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYAD (Date Date Date Date Date Date Date Date	(State of country)	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYAD (Dete 10 1,193) 19. UNDERTAKER (Address) 20. FILED (Signed) (Signed) (Address) Where did mythy becut? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Si	H 15. MAIDEN NAME MERCEA Least	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYAD (Dete 10 1,193) 19. UNDERTAKER (Address) 20. FILED (Signed) (Signed) (Address) Where did mythy becut? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Si	[16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMDYAD Place Dete Dete Dete 19. UNDERTAKER (Address) 24. Wes disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) Manner of injury (Signed) (Address) Manner of injury (Address) (Address) (Address)	17. INFORMANT Marie Campaelia	(Specify city or town, county and State)
Place To Dete Dete Dete Dete Dete Dete Dete Det		Manner of injury
19. UNDERTAKER (Addiess) 24. Wes disease or injury In any way related to occupation of deceased? Ho if so, specify (Signed) (Signed) (Address) (Address) (Address)	the R. of 10/10 is	
20. FILED 10/88, 19. 3) Ald lessister. (Address) Catomar flamed.		24. Wes disease or injury In any way related to occupation of deceased?
Registrar. (Address) Colombia	101- 001 0	The state of the s
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run oder by street car	1 week ago
July 5,1927	Peritonitis 2	3 days ago
	一百二百	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Top	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over the street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(N2)
County Dallo	Registration Dist. No. 33
Village or City Rustinstown Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foraign birth?yrsmosds.
(a) Residence: No. 6 hours Redge (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (**wire* the word) Mole 4. COLOR OR RACE OR DIVORCED (**wire* the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, 78at I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 13 1857	I last aw h M aliva on 30 , 1033; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Cerebral Hemosphage Date olonset
work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Dato deceased last workad at this occupation (month and year) Output ID. Dato deceased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Howard Co. (State or country) Mnd	Other Contributory Causes of importance:
13. NAME Songe & Carney	
13. NAME Corge & Carrey 14. BIRTHPLACE (city or toon) (Stata or country)	Name of operation Date of
15. MAIDEN NAME Elizabeth Justice	What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Elizabeth Justice 16. BIRTHPLACE (city or town) (State or country) Md.	Accident, suicida, or homicide? Data of injury, 19
17. INFORMANT Charles R. Carney (Address) Sustanton mdg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gamollo Chapel Date Mor 2, 1933	Manner of injury
19. UNDERTAKER JF Eline & Sons (Address) Rustinstown Md.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED nor/ 19 34 / bushase Registrar.	(Signed) James Haffey M. D. (Address) Ruskipfording Med
If more blanks are needed, address State Registrar.	2411 N. Charles Street Raltimore Requesting T) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUFFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as *spinner*, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH -County 19 Registration Dist. No. (death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? 3.5 vrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH & COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If merried, widowed, or de HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 7. AGE Months Devs If LESS than to have occurred on the date stated above, et 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.____/ 9. Industry or business in which back may shoul work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month end spant in this instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) FATHER See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?____ efully MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE plnods a OF Manner of injur NOIL 19. UNDERTAKER (Signed) If more blanks are needed, add ses State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerusis C	1915	Attack of epilepsy	1 week ago
Chronic interstitut wephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

^	AC	=
WRITE TAINL WITH UNFADING INK-IHIS IS	d.	CIANS should state CAUSE OF DEATH in plain terms so the
<u> </u>	9	ns
Ξ	dd	err
	ne	n t
Ż	>	a
	In	a
ž	re	H
	ca	I
Y.	be	EA
Z	p	0
_	no	F
Ξ	Sh	E
7	_	US
	itle	Y
7	n e	0
Z	0	at
Y.	inf	00
Ľ	of	P
L	2	no
-	ten	8
>	_	(2)
-	9	A.
	F	O
	2	CIANS should state CAUSE
	4	-

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
County	2.2
1/ 9	Registration Dist. No. 32
Village or City Resvelle (No	Leaghan (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DINORCED (Write the word)	1953
Thate White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
O. O.	And helow 192 to 192 , 192 ,
(Month) (Day)	(Year) that I last saw her alive a few day upo, 192,
7 AGE [IfLES	S than and that death occurred on the date stated above, at 2 a m.
	hrs. The CAUSE OF DEATH * was as follows:
yrsds. ords. or	min. I selmonary kemorrhage
(a) Trade, profession or Cantractar.	he had brun looking badly
	lost wright lever ded not louse
(b) General nature of industry business, or establishment in	a br. I think he had
(which employed or (employer)	Contributory Rulmory tukerculous
9 BIRTHPLACE (State or country) Balkmone Co Mg.	Secondary (Duration) vrs. mos. ds.
I 10 NAME OF	(Signed) TO Myse M. D.
FATHER augustine & Creaghan	Cel 15 183 (Address) Delasville Md
of FATHER (State or country leland.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother anna. Caleman.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Suland	At place Whomeson yras. In the all his to fee
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mis Lanello & Creoghan	Former or Jucesolly Mil
(Address) Old Court Rd. Baltoc	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL
(Address) a court is.	It Charles exervile 10/17/33,19
15 Filed at 15 1933 M. J. T. Mr. Kegis	trar La Laker Dans 1318 highs
If more blanks are needed, address State R	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Propsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 09874
1. PLACE OF DEATH County BALTIMORE.	Delta tie Brenn (3)
004111	Registration Dist. No.
Village or City / VVS 5/V	No. 2 2 COURT LAND AV. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MRS. CATHERINE D. CROM	MER
(a) Residence: No. 202 CouRTLAND AV. TOWSON, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rupite the word) OR DIVORCED (rupite the word)	21. DATE OF DEATH OLD 20 193 3 (Year)
5a. If merried, widowed, or divorced HU3BAND of	
(Or) WIFE OF ARTHUR. C. CROMMER.	22. HEREBY CERTIFY, That f ettended decessed from
6. DATE OF BIRTH (month, day, end year) 2 3 / 8-70	I lest sew h. 4 alive on Cech 19 4 1933; death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, et 7.201 m.
63 2 17 1 dey,	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
+ 8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Coremona of
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	torest 0
U 40. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) SHAWAN	Other Coutributory Causes of Importance:
(Stete or country) BALTO. Co. MD.	* :
13. NAME SHADAGH N. TIPTON	
13. NAME SHADBACH N. TIPTON 14. BIRTHPLACE (city or town) SHAWAN (State or country) R. C. A.	Name of operation ampaulation of Dete of Schlige
(State or country) BALTO. Co. MD.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME SALLIE A. LEAF	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME SALLIE A. LEAF 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, f9
E (State or country) BALTO. Co. MD.	Where did injury occur?
17. INFORMANT F. KOBUS CAREY	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 202 COURTLAND A V. TONSON, MD. 18. BURIAL, CREMATION, OR, REMOVAL	
Place DA pased 1/11 para Cotto 5 223	Menner of Injury
D D D	Neture of injury
19. UNDERTAKER John Burne Sons	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Towson Md	(Signed) Daniel PSt. Thor, James M. D.
20. FILED C/a/ 193 F. Dilley Dol Registrar.	(Address) A A A A A A A A A A A A A A A A A A
If more blanks are needed, addless State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

13171

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	J#185
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO ABAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING stated EXACT. TH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52-0)
County (Value)	Registration Dist. No. 40
Village or City	NoSt.,Ward
Length of residence In city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Pancis M Cos	ellen
(a) Residence: No.	Wiselestard PO.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the-word)	21. DATE OF DEATH OCC 18 193 3
5a. If married, widowed, or diverced	(Month) (Day) (Yeer)
HUSBAND of OWN Cullium	22. OF HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Solet. 18. 1963	I last sew h alive on Q 15 , 19 33 death is said
7. AGE Years Months Days If LESS then	to have occurred on the dete steted ebove, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked etc. 11. Total time (years)	Ocebrae Aleworth
I I I I I I I I I I I I I I I I I I I	
SAW MILL, BANK, etc	J
this occupation (month and) 193 seemt in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(Stete or country)	Will strong
II 13. NAME - NUSCA	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIO) ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFDRMANT Bulliuss (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-Menner of injury
Place St. Stephens, Dete Oct. 21st, 933	Neture of Injury
19. UNDERTAKER Howard K.McComas, (Address) Abingdon, Md.	24. Wes disease or Injury In eny wey releted to occupetion of deceesed?
20. FILED / 9/20187) Halles Montamus	(Signed) M. D.
Registrar.	(Address) Cletture and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gustroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITIONTIAL	OI ALVII	TOIL	T. O ICT XIIIII	DIMINITING	1.7 X	THISIUIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W

V. S. No. 1

County Saltimore Registration Village or City No. Morey Villa Of death occurred in a hospital or institution, give its NAM Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Margaret Cusack	St., Ward
Village or City No. Length of residence in city or town where death occurred	St., Ward 1E instead of street and number)yrsmos. ds
Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?	work City
2. FULL NAME Margaret Cusack	nose City
	note City
(a) Residence: No. 5104 Belmont Ave. St., Ward. Bulling (Usual place of abode) St., Ward.	//
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATI	E OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) 21. DATE OF DEATH (Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late James Cusack 22. I HEREBY CERTIF	Y, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1858. I last saw here alive on October	
The PRINCIPAL CAUSE OF DEATH and related cause	m.
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation).	
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. Appellansing	
Do Date deceased last worked at this occupation (month and spant in this	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) (State or country) Other Coatributory Cases of importance:	
# 13. NAME Thomas Kelly	
14. BIRTHPLACE (city or town) Name of operation What test confirmed diagnosis?	Date of
15. MAIDEN NAME Johannah Brodrich 23. If death was due to external causes (VIOLENCE) f	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide?	
Where did injury occur?	or town, county and State) OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Date OCT - 1990 Nature of injury	
19. UNDERTAKER Harry Wuifz 24. Was disease or injury in any way related to occup (Address) 4101 19. UNDERTAKER 15. Specify 15. Specify	pation of deceased? 200
20. FILED Out 10 1933 Wa / Bully (Signed) My 1994	Ly Dr. M.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No	1. 20 VI W/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	3		
		1	

state item of infor-OCCUPAplnods PHYSICIANS ECORD. classified. E properly may plnous so that supplied. in plain terms, efully

BINDING

certificate. FOR RESERVED back instructions MARGIN See important DEATH should CAUSE OF LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County 60 Registration Dist. No. Village pr City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. EREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Days 1 day, ---- hrs. ----min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Cantributary Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy?____ MOTHER 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL Manner of injury ,1933 Nature of injury Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. 09879

1/ PLACE OF DEATH 46						
	County_Baltin	nore			Registration Dist. No. 3 2	
					No.18 Church Lane St., If death occurred in a horpital or institution, give its NAME instead of street and numbe s. ds. How long in U.S. if of foreign birth? yrs. mos.	
					s	_ 05.
:	2. FULL NAME	John J	oseph Eck	enrode		
	(a) Residence: No.	18 Chur	ch Lane (Usual place	of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AT	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or RACE	5. SINGLE, MAR OR DIVORCE Marri ed	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Och /O (Month) (Day) (193)	3 Year)
5a	If married, widowed, or div HUSBAND of (or) WIFE of Ann		Eckenrode		22. I HEREBY CERTIFY, That I attended decea	sed from
6	DATE OF BIRTH (month, da	av. and vear)	October 1	8 1864	l last saw h alive on acc (0, 1933; doa	th is said
-	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	8. Trade, profession, or kind of work done	particular , as SPINNER,	23	ormin.		ofonset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc					
000	10. Date deceased last we this occupation (myear)	onth and	spei	ime (years) nt in this upation 40		
12	BIRTHPLACE (city or town (State or country)	Bona:	ville,Pa.	-******	Dther Contributory Causes of Importance: Juantum o Cardiae Jusenthenen	193
ER	13. NAME	Henry Eck	enrode			
FATHER	14. BIRTHPLACE (city or to (State or country)	town)P			Name of operation Date of Date of What test confirmed diagnosis? Stellanes fee Was there en autops	h.
ER	15. MAIDEN NAME	Maria Nervia M	Clunk		23. If death was due to external causes (VIOLENCE) fill in also the following:	y!31
MOTHER	16. BIRTHPLACE (city or i	lown)			Accident, suicide, or homicide?	19
17	/, INFORMANT Ha:	rry Ecken ikesville			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18	Burial, cremation, or PlaceStaCharl		ilda 10/1	3/33 ,19	Manner of injury	
19	O. UNDERTAKER (Address) O. FILED O. FILED	kesville,	M. PE	My _	24. Was disease or injury In any way related to occupation of deceased? Use (Signed) Round and	M. D
il .		•	-	Registrar.	(Address) Thyriden Mill	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No. 1

tem of	plnods	of occ	
D. Every i	SICHNS	tatement	
KECOR.	Y. PHY	Exact s	
MANEN	XACTL	lassified.	
IS A PEF	stated E.	properly o	ertificate.
HIS	be	be	o je
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.
I UNFAD	supplied.	in terms, se	see instruct
NLY WITH	be carefully	ATH in plai	mportant. S
RITE PLAI	tion should	USE OF DE	ON is very i.
=	ma	CA	ŢĬ

inforstate UPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death How long in U.S. if of foreign birth?_____yrs.____mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (sprite the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of an oral 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Years Months If LESS than 1 day, hrs. or____min. Data of onset 8. Trede, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc O. Data deceased last worked at 11. Totel time (years) this occupation (month end spent in this occupation _. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to axtarnal causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place. 24. Wes disease or Injury in any way related to occupation of deceesed 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HOV 8 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

See instructions on back of certificate.

TION is very important.

of OCCUPA.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09881
1. PLACE OF DEATH	<u> </u>
County Ballanage	Registration Dist. No. 38
Village or City amesline	No. 737 anneslia Road St, Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
	113
2. FULL NAME Jofan Clarines.	/
(a) Residence, No. 12 / MMISSIAN / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the world)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Garolyn Emmel	22. IMEREBY CERTIFY That Mattended deceased from
6. DATE OF BIRTH (month, day, and year) Oak. 9-1856	I last saw ham alive on Oth 18 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4m.
77 - 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Shipping Clerk Returned SAWYER, BOOKKEEPER, etc. Shipping Clerk Returned	Charmin ffephontis
of the second of particular to the second of	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Caused of importances
(State or country) Md.	Werner. 1 2 ds
13. NAME John Emmel, St	/
13. NAME John Emmel, St. 14. BIRTHPLACE (city or town) (State or country) Sermany	Name of operation Date of What test confirmed diagnosis? Www. Was there an autopsyl Liv.
15. MAIOEN NAME Not known	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Not known 16. BIRTHPLACE (city or town) Not known (State or country)	Accident, suicide, or homicide?
17. INFORMANT Edish & Melvoy (Address) 737 anneslia Rodd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Oakların Cam-Date Och 20, 1933	Manner of Injury
19. UNDERTAKER George W. Linkler (Address) 1737 E. Chan H.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO (Bet 19, 1983) 1 1 1 Sutte	(Signed) // Shirting of the M. O.

If more blanks are needed, didress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes

Date of onset

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance.		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
VDDITIONVI	SEAUE FUR	L OWITH THE	STUTIMENTE	1 > 1	THEFT

1. PLACE O	STATE OF DEATH	OF MAR	YLAND—	——————————————————————————————————————	OF DEA	0	9882
County _	Daltem	052			Registration D	ist. No.	0
Village or	oily Coak	neur	el A	brong Zovor	o Horp	Malst.	Wa
Length of res	sidence in city or town wher	e death occurred	2 vrs 3 mo	f death occurred in a hospital or institus. 13 ds. How long in U.S. if o	tion, give its NAME f foreign birth?3	instead of street and	number)
	-	- 0 -	Filler	P			
2. FULL NA		and	recei	stand Ward.			
(a) Reside	nce: No.	(Usual place	e of abode)	Star La waru.	If nonresident g	ive city or town an	d State
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	-	774	2
male	white	Siron	-cell	1	(Month)	(Day)	(Year)
a. If married, wido HUSBAND of	wed, or divorced .			22. I HEREBY	CERTIE	. That I attended	d desessed i
(or) WIFE of	links	non		C 210	1931 to 0	That attende	10 deceased
DATE OF BIRTH		2	iales	Flast saw h alive on	oct.	7 19.3	3 death Is
	(month, day, and year)	Days	I LESS than	to have occurred on the date state	d above, at 8.2	4.m.	
1	57 3	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
8. Trade, profe		-0	1 ormin.	were as follows:			Date of o
kind of SAWYE	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Zabo	~~			"	
9. Industry or	business in which was done, as SILK MILL,	Farm.	or Street	- Chr. Ein	Cocar	detes	24
SAW MI	ILL, BANK, etc		At				
this occ	used last worked at cupation (month and	11. Iotal	time (years) ent in this cupation 4603				
(freme 31		diparion 40	Other Contributory Causes of Impo	ortance:		
2. BIRTHPLACE (d (State or con				01-	00		0.20
	ountry) Ger	Z		avierco-	des	243	27
13. NAME	Joan 7	peler		Serile 2	engn	tra	
14. BIRTHPLAC	CE (city or town)			Name of operation		Date of	
	0	man of a	111	What test confirmed diagnosis?			
		a tek	midt	23. If death was due to external car			
	CE (city or town)or country)	~~~		Accident, suicide, or homicide? Where did injury occur?		rate of injury	, 19
2	r. 00/0.	0	7	Specify whether injury occurred i		town, county and St	
7. INFORMANT (Address)	ms sacy	7000	Rand	Specify whether mjury occurred t	ii industri, iii iio	me, or m robert r	LAUL.
	ATION, OR REMOVAL		A	Manner of Injury			
Place	vacte Cometer	4 Date Oc	T 10, 19 53	Nature of injury			
	Ph/ mr AS	1	1	24. Was disease or Injury In any w	vay related to occupa	tion of deceased?	Ro
19. UNDERTAKER _	12 12 12	and If		If so, specify		D	
(Address)		The same of the sa		- / / / / / / / / / / / / / / / / / / /	7 7 7		
(Address)	10	7		(Signed) (You		arre	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, applying, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Osterof onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
	14/				
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MARGIN RESERVE	H UNFADING INK-TI	y supplied. AGE should	ain terms, so that it may	See instructions on back	
. No. 1	B.—WRITE PLAINLY, HUNFADING INK-TI	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back	

V. S. No. 1

STA	TE OF	MARY	LAND-	CERTIFICATE OF DEATH	9883
1. PLACE OF DEATH				(59)	5
County Galter	wil				5
Village or City	Parkvi	lle		No. 7709 Old Harford Rd. St., death occurred in a hospital or institution, give its NAME instead of street and it	Ward
Length of residence in city or	town where death	occurred 5	O_yrsmos	death occurred in a normal or manualou, give his NANTE, instead or street and i	osds.
2. FULL NAME	Thoma	s Wesl	ey Ford		
			ord Rd.	St Ward.	
		(Usual place of	The state of the s	If nonresident give city or town and	State
PERSONAL AND S				MEDICAL CERTIFICATE OF DEATH	
Male Whit			IED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE-of Ella F. Ford			L	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and	vear) S	ept. 2	7 1854	Hast saw h see alive on Oct 14 1983	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
79	0	18	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	etc. Lab	orer		Dishetie Come	(est 10/
9. Undustry or business in which work was done, as SILK SAW MILL, BANK, etc	h MILL,				10.
kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business in which work was done, as SILK SAW MILL, BANK, etc	at	11. Total tim	ne (years)		
				Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) S.C. (Stata or country)	mmerse	t	Ma	Despetino Mullelio	1926
# 13. NAME Charl	les E.	Ford			
13. NAME Charl 14. BIRTHPLACE (city or town)	Sommer	set Co	. Md.	Name of operation Date of	
(Stata of country)				What test confirmed diagnosis? Was thera an a	
当 15. MAIDEN NAME Eli	zabeth	Ford		23. If death was due to external causes (VIOLENCE) fill in also the following	g :
15. MAIDEN NAME Eli 16. BIRTHPLACE (city or town) (Stata or country)	Som	merset	Co. Md.	Accident, suicide, or homicide? Date of injury Whera did injury occur?	
17. INFORMANT Mrs El	la F.	Ford Harfor	rd Rd	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOV	VAL			Manner of injury	*************
Place Parkwood Cem Date Oct 17 1933			19.33	Nature of injury	
19. UNDERTAKER 130 E.	Fort	MC	mely	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 10/14 , 193	3 Q.	41,13	Registrar.	(Signed) alm 13 Luciano (Address) 718 M. Pallice Th	M.D.
4			Aegistrar.	(Mudless) - 1 Co. 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	il	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocateritis	1 year	

Н		
ó		
So.		
-		
V2		
>		

	Registration Dist. No.
Village or City Spanows Paint	Registration Dist. No.
	No. 3 72 0 St., Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs,mosds.
2 FILL NAME Still born inta	ut (Horsithe)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. Vmarried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct. 20th. 1933	I last sew halive on
7. AGE Years Months Days If LESS than 1 day, hrs.	was a fallow CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one of
SAWYER, BOOKKEEPER, etc.	still born infant
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	2/2 /200,
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this oecupation (month and year) occupation	
Spanowsom	Other Contributory Causes of Importance:
(State or equery) 13. NAME LONGY Frersythe	Irsusture both
Baltal	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clara V. Viricent	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clara U. Vincent 16. BIRTHPLACE (city or town) Hagerstown (State or country)	Accident, suicide, or homicido? Date of Injury, 19
(State or country) M.d.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clara V. Georgy the (Address) 522 6 st	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Place	Nature of injury
19. UNDERTAKER Watermical haloratory (Addings)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Det 21, 1933 & Alle Sermics (M. Registrat.	(Signed) (M.D. M.D. (Address) Parrows Par

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1013				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

AGE should be stated EXACTLY

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.-WRITE PLAINLY,

RECORD. Every item of infor-PHYSICKANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- W
County SaltinovE	Registration Dist. No. 34
Village or City / Trenton	NoSt.,Ward
Length of residence in city or town where death occurred 30 yrsmos	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Starris From hel	20.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merited, widowed, or divorced **WUSBAND OF COLOR THOUSE	22. I HEREBY CERTIFY, That I attended decaased from 010.24, 1932, to 1933.
6. DATE OF BIRTH (month, day, and year) Left 20 -1861	I last saw h alive on Astr. 60, 1938; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	I THE FAINCIFAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Oacons-wale Pancias 12-24:3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mary Ceul (Stata or country)	Other Contributory Causes of Importance:
13. NAME J Lewy Lockway 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) - Concerning,	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Warques Cereold 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Lemany	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT / Will Newbest Straif by (Address) White	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR AEMOVAL	Manner of injury
Place Trenton and Date Och 4, 1933	Nature of injury
19. UNDERTAKER Cow a Vijeton	24. Was disease or injury in any way related to occupation of deceased?
1 2 10 8 7 11 2 10	If so, specify
20. FILEO CRT 0 , 1933 10. Co. Payth M. No	(Signed) Charles M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	44.00	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RECORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be

Exact statement of OCCUPA.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH O	09886
County Ballon 4	1/4 3
(2)	Registration Dist. No. T.
Village or City Office Visite.	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	
2. FULL NAME Convad. 6 trye	
(a) Residence: No. Berid Row, Mile Phe	' St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (querie the word)	21. DATE OF DEATH Office. 15 211, 193 3 (Year)
5a. If married, widowed by diffrence HUSBAND of Copy-WIFE of Cuffernic Prepar	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 17 1846	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
87 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerefral a for pley
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town Balls, (State or country)	Other Contributory Causer of importance vivi Acleraces
13. NAME Ser hards torger	
13. NAME Ser hands Tryell 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME THAT IS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMAN M. Wenry & Tayer Dallo . G. M. (Address) Bus Ros White Plans. Ballo . G. M.	Where did injury occur?
18. BURIAL, CRIMATION OF REMOVAL DATE OF THE 19 3 3	Manner of Injury
19. UNDERTAKEN Henry Wreeffarma Soc	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) / 201 8/8/10-12 1	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
The state of the s				

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN be properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY,

		STATE C	OF MARY	LAND-	CERTIFICAT	E OF DEATH	100%
1	. PLACE OF				23	Ui	1001
	County	Baltimore				Registration Dist. No.	12
	Village or Cit	ty Arbutus			No	St	Ward
				fe d	death occurred in a hospital or i	institution, give its NAME instead of street and S. if of foreign birth?yrs	number)
					us. now long in U.S	s. ii or foreign birth?yrsn	nosds.
		ME Charles	Ave. Arb	·			
	(a) Residenc	e: No. Hittetett	(Usual place		St., Ward.	If nonresident give city or town an	d State
sembo	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL	L CERTIFICATE OF DEATH	
3.	Male	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEAT	TH Och - 21-	, 193 3
5a.	If married, widowe HUSBAND of (or) WIFE of To		(nee Sch	leichl	22. / IHERE	BY CERTIFY, That I attended	(Year)
6.		month, day, and year) IIO			Test saw halle alive of	1933, to Oct 2/ n Oct, 21-193	
	AGE 47 Years		Days 25	If LESS than 1 day,hrs.	to heve occurred on the date	stated ebove, et 9.200, m. DEAT11 and related causes of Importance	, 0001113 3410
_	9 Trada profess	cion or particular		ormin.	were as follows:	Zacara and related added of importance	Date of onset
OCCUPATION	9. Industry or be work was SAW MILL	slon, or particular ork done, as SPINNER, P BOOKKEEPER, etc. usiness in which done, as SILK MILL, , BANK, etc.	lumber		Velenous	ay Juliseulous	1924
00		d tast worked at ation (month end	11. Total tir span occu	ne (years) t in this pation			
12.	BIRTHPLACE (city (State or count	or town)	****************		Other Contributory Causes of	importance:	**********
ER	13. NAME JOT	ın Gənz					
FATHER	14. BIRTHPLACE (any		Name of operation	s? Cluses Was there an	
ER	15. MAIDEN NAM	(1-1-7	aich			ai causes (VIOLENCE) fill in elso the followin	
MOTHER	16. BIRTHPLACE (T. T.	anv			e? Date of Injury	4/
17.	INFURMANT	Irs. Mollie Linden Ave.	Ganz			(Specify city or town, county and Sta red In INDUSTRY, In HOME, or in PUBLIC PI	ACE.
18.	BURIAL, CREMATIO		Coate Oct	.24,1933	Manner of injury		
19.	UNDERTAKER -4-	Havn H	leit to	0	24. Was disease or injury in a	any way related to occupation of deceased?	
20.	FILED Bet	24,1933	MA	ieffer	(Signed)	elle Heuns	и́ м. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related c of importance were as follows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arterioselerosis	Ton.		Attack of epilepsy		
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
00	OF F	O. D. T.			

DDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2470 Mash Bed

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	•	(97)	1/
County Daltimore		Registration Dist. No.	8
Village or City Jourson	/	No. 103-W-Chasapeake In St., f death occurred in a horpital or institution, give its NAME instead of street an	Wa
Length of residence in city or town where de	eath occurred 40 yrs 7 mo	ds. How long in U.S. if of foreign birth?yrs	mas
2. FULL NAME Rich	and Wilson &	ardiner!	
(a) Residence: No. 103-2	U-Chesapeake are	St., Ward.	
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
male 4. color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha	Lee S. Gardiner	22. I HEREBY CERTIFY, That I attended	10.19411.11
6. DATE OF BIRTH (month, day, and year)	ovember - 24-1872	I last saw h elive on	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, atm,	, 00011113
60 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular		arterio Selevosos	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Secountanh		
Industry or business in which work was done, as SILK MILL,	Jan Deelle		
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	-	
this occupetion (month and year) to time of dear	spent in this 3.543	4	
12. BIRTHPLACE (city or town)	Etimore	Other Contributory Causes of importance:	
(State or country)	nd.		
13. NAME Louis	3. Gardiner		
14. BIRTHPLACE (city or town)	7 Known	Name of operation Date of	
(State or country)	md.	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	a Wilson	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
0 16. BIRTHPLACE (city or town)	of Known	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	md.	Where did injury occur? (Specify city or town, county and S	
17. INFORMANT Mastha Luc (Address) 103-20-Chian	S. Sprdiner (rife,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	6-11-1-	Menner of Injury	
Place Trospect Hell Cine	- Date Oct-/9/33 , 19	Nature of injury	
19. UNDERTAKER Stewart & mou	ren Company	24. Was disease or injury In any way related to occupation of deceased?	
(Address) 108-20-20-20-	angues!	If so, specify At 100	- 4 /1
20. FILED (But) , 19 33 /19	1 Delles	(Signed) Lillaw & Lilla (30)	vouv
Lo. 11LLU-06-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	All Registrar.	(Address) Jarogou,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	-----------	------------	----	-----------

	If nonresident give city or town and State
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 , 193.3 (Year)
Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That I attended deceased from 26, 1933. I last saw h alive on 26, 1933, death is said to have occurred on the date stated above, at 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Aug farm 11. Total time (years)	Certal Embolian / Ro
spent in this occupation 48 mgs	Other Coutributory Causes of importance: Metral desufficiency / 7/
vva	Name of operation
Parel Harmon Everya Piles	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
ar it	Manner of injury

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

10.—The month and year the deceased last worked at the occupa

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

=	
o	
0	
Z	
vi.	
>	
>	

N. B.-WRITE PLAINLY,

for- tate PA-		CERTIFICATE OF DEATH 09890		
f in d s	1. PLACE OF DEATH County Ballerine	(83.8)		
should f OCC	Village or City Seem dalk	Registration Dist. No.		
= 0/	(1)	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Every SIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
<u> </u>	2. FULL NAME Desigl & ile	lings:		
ND.	(a) Residence: No. 67)0 (Usual place of abode)	y St, Ward.		
SEE	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
NA PA	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
LY	male White OR DINOSCED (write the word)	(Month) (Day) (Year)		
CTC	5a. If married, widowed, or divorced HUSBAND of			
LA A A ass	(or) WIFE of Elizabeth Sellings	22. I HEREBY CERTIFY. That I attended deceased from		
EX EX y cla	6. DATE OF BIRTH (month, day, and year) lan 24-185-7	I last saw h m alive on Oct 20 ,1938; death is said		
d d	7. AGE Years Nonth Days If LESS than	to have occurred on the date stated above, at		
IS A F stated properl certifica	/6 8 25 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:		
he se lo of co	8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc	Date of officer		
Toba	Andustry or husiness in which	Cirisal antonism and		
KK—T should it may n back	work was done, as SILK MILL, Belatlation Mullo	hami blessa 10-19:5		
F-1	11. Total time (years) this occupation (month and spant in this	1017		
AGE that	year) occupation	Other Contributory Causes of Importance:		
DI Se ucti	12. BIRTHPLACE (city or town) (State or country)	1		
NFAI oplied. erms, instru	E 13. NAME See Spellings	muno sclerous (?)		
D H 3	E			
y su lain t	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? The		
efull in pl	15. MAIDEN NAME & anal Petches.	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
2	15. MAIDEN NAME Sarah Patcher. 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19		
INLY, be cal EATH import	(State or country) Curland	Where did injury occur?		
A DI O	17. INFORMANT mas Elizabeth & Mu	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
S PLA Should OF D	(Address) () A Moralley and 18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury		
SE SE	Place Moreland Park Bet 23, 3	Manner of Injury		
-WRITH mation : CAUSE TION is	19. UNDERTAKEN John Welrich	24. Was disease or injury in any way related to occupation of deceased? W.S.		
LEOH	(Address 2008 Orleans	If so, specify		
-	20. FILED 1012 11 29 MM/0 a	(Signed) UNTRIEN M. D.		
A U	1 133 KINGCOULLERAND	(Address) - Dundalk Md.		
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.d.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
	May 1,1923		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ä

OCCUPA.

jo

5a.

6. 1 7. /

OCCUPATION

12.

MOTHER | FATHER

17. 18.

19, UNDERTAKER

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH 09891
. PLACE OF DEATH	CERTIFICATE OF DEATH 09891
County Galtunori	Registration Dist. No. 30
Village or City Catonsulle	ND. Cleg Grandl ave St. Ward
(lí	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 1 4 9.	ds. How long in U.S. if of foreign birth?yrsds.
(a) Residence: ND. 6 7 2 Callaure (Cual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED; WIDOWED, OR DIVORCED (Trice the word)	21. DATE OF DEATH (Month) 29 , 193 3 (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decoased from
DATE OF BIRTH (month, day, and year) Dec. 28, 1859 LIGE Years Months Days If LESS than	I last saw h alive on
13 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc., See Spin Sawyer,	cerebral Herry makers 150mm
ondustry or business in which work was done, as SILK MILL outs Meat	The state of the s
1D. Date deceased last worked at this occupation (month and 9/9 spen) in this occupation (month and 9/9 spen) in this occupation (month and 9/9 spen)	over of and in is munity
BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	arteria Salerario
13. NAME John . Treed	
14_BIRTHPLACE (city or town) Symmetry (Syste or country)	What test confirmed diagnosis? Lester Was there an au'opsy? Ask
15. MAJDEN NAME / Janix Tries Rotes	23. If death was due to external causes (VIOL ENCESTILIAN also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or flomicide? Where did lightly occur?
INFORMANT Elected Treatment (Address) 1022 Colorana Rus And	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, OREMATION, OR REMOVAL	Manner of injury
Plate Orasice elyDate / 100 1, 1933	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

24. Was disease or injury In any way related to occupation of deceased?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 2 193				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

diess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nenhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	-----	-----	---------	------------	----	-----------

STATE OF MARYLAND

County E	Baltimore		(2)	CERTIFICATE	OF DEATH
				Registration	Dist. No.
	y Dundalk (N ULL NAME Infant Gu		tel Avenue	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATISTICAL PA	ARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX Female	White Single MARR WIDOW OR DIT	IED,	16 DATE OF DEATH OCTOBE	r 11,	
6 DATE OF BI	October 11	, 1933 Day) (Year)	17 O HEREBY	CERTIFY, That I att	tended the deceased from , 192 , , , , , , , , , , , , , , , , , , ,
7 AGE	yrsmos	If LESS than I day hrs. or min.?	The CAUSE OF DEAT	TH * was as follows:	I above, atm,
(b) General rebusiness, or which employed BIRTHPLACI	nd of work		Contributory Secondary (Signed)		John M. D.
OF FATE (State of TamalDer	LACE HER or country) Pennsylvania		*State the I	isease Causing Death, ate (1) Means of In	lk, Maryland or, in deaths from jury and (2) Whether
OF MOT 13 BIRTHP OF MOT (State o	PLACE HER Mary Orr PLACE HER P Country) Pennsylvania		ients or Recent Re At place of deathyrs	in the State acted,	teyrsds.
(Informan	Earla Guin	elec malaly My	it not at place of dea Former or usual res.dence		DARE OF BURIAL
Filed /	11/39 Mula	arucera.	20 UNDERFAKER	ris Ho	ADDRESS 3

If more b.anks are needed, address tate Registrar 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERM FOR MARGIN RESERVED WRITE

RECORD

BINDING

7

B

9

14

No 00

N.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; tctanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "E haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronicvalvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		asassasili	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	No. How long in U.S. if of foreign birth?
2. FULL NAME Solward Harreday (a) Residence: No. Ital Jaf Rof (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the yord) Colol Walle	21. DATE OF DEATH Och 27 (Month) (Day) (Yeer)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of Francis Harred an	22. I HEREBY CERTIFY. That I attended decessed from Out 14 ,1933 ,to Oct 27 ,19 33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) Udd	Name of operation Date of Was there an autopsy? Also
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas Francis Hausdon	23. Il death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place W. Author Date Oct 29 , 1933	Manner of injury
19. UNDERTAKER Samual J Hensle (Address) 5-78 6 Bedalle	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED Det 27., 1933 Marshall & Wistra.	(Address) Patrulle rus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis BUREAU V 8	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL1 CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH				62-0 09891
County Baltimore				Registration Dist. No. 30
Village or City Gray Length of residence in city or t		eath occurred 1	(lf	No. St., St., St., St., St., St., St., St.
2. FULL NAME EVA	ELIZA	BETH HEPD	ING	
(a) Residence: No.				St., Ward.
PERSONAL AND S	TATISTI	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR Female White	RACE	5. SINGLE, MARK	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Oct. 15 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				1 HEREBY CERTIFY, That I attended deceased 1, 19 53, to Oct 15, 19
5. DATE OF BIRTH (month, day, and	year) M	ay 9,1855		Plast saw h. Le alive on Del 14, 19.23; daath i
7. AGE Years 78	Months 5	Deys 6	If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, et 2.30. Am, The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work dona, as SP SAWYER, BDOKKEPER, e S.Industry or businass in which work was dona, as SILK in SAW MILL, BANK, etc 10 Date deceased last worked a this occupation (month an year)	1918			Other Contributory Causes of Importance: Augh Dland January 1
13. NAME Anthony 14. BIRTHPLACE (city or town) (State or country)				Name of operation Data of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAMEMARY M	Yeage:	r		23. If daath was due to external causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME MATY M 16. BIRTHPLACE (city or town) (State or country)	-			Accident, suicide, or homicide?
7. INFORMANT MISS Rose (Address) Ellic	ott Ci	ng ty,Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOV Place Cathedral Co		Data Oct.,	18, , , , 33	Manner of injury
	N SONS	ity, Md.		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10 F.G., 19.5	2	2/1		(Signad) All lanary

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
--------------------------	-----------------	----	-----------

M

A 1115	age or City 2 FULL NAME	207		333 H
	PERSONAL AND ST			JLARS
3 8	emale color		MARRIED.	Widowd (ED)
6 1)	ATE OF BIRTH			
		Penge	now lay	R21
	E 12000000000000000000000000000000000000	(Month)	(Day)	(Year)
AG				If LESS than
	5Zyrs	n	osds	.or min. ?
	isiness, or establishment	in		
	hich employed or (employ	/er)	_2	
	hich employed or (employ RTHPLACE (State or country) 10 NAME OF	ethings		nd
RI S	hich employed or (employ RTHPLACE (State or country) 10 NAME OF	ethings engly	vin	
S Ist	hich employed or (employ RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	ethings ingly	brown	nd
ARENTS	hich employed or (employ RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	er)	vin	nd
STN BAAG	hich employed or (employ RTHPLACE (State or country) 10 NAME OF FATHER 11 RIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	er)	Inow flow mylno	OWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in
a hospital or institu-
ion, give its NAME in-
stead of street and
number.)

	16 DATE OF DEATH
	(Month) (Day) , 1983
	17 I HEREBY CERTIFY, That I attended the deceneed from
_	9-27-199, 10 (0 - 27 , 1933.
	that I last saw here alive on
	and that death occurred on the date stated above, at 2
n s.	The CAUSE OF DEATH & was as follows:
?	Carcinoma of Stomach
	V
	(Duration)yrs 2 mosde,
.]	Contributory Un Convin
	Secondary
-	(Duretion)yremoe da
	(Signed) Francis Sangeley M. D.
-	10-27 1923. (Address) 10.29 Stricken 12.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
	Accidental, Suicidal or Homicidal,
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	At place In the
	of death
	if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Moneenety Wet 30, 1,33
	20 UNDERTAKER ADDRESS
	Charles H. Binkett 528 famens &

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Tensus and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulners of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary). may be entered as Housewije, House Never return "Laborer," "Foreman," "Manager," "Deai Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) ac litional line is provided for the latter statement; it nature of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil exgineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of iliness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer. Laborerworked on may form part of the second statement business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, socrk, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia," (mcreiy ary), 10 ds. Never report mere symptoms or terminal causing death), 20 de.; Bronchopneumonia (secondinges, peritonueum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustion." "Heart failure." "Heemor-rhage," "Inanition." "Marasmus," "Old Age." "Shock," Chronic interstitial nephritis, etc. The contributory head of "contributory." (Recommendations on statetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "PUERPERAL sopticuemia." "PUERPERAL peritonitis," can be ascertained as the cause. vulsions," stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STRIC MEANS OF INJURI (e. g., sepsis, tetunus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles Always qualify all "Соша," Measles; (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09898
1. PLACE OF DEATH	11-2
County Daltingore	Registration Dist. No. 4
Village or City Cut Hill Harford 1	
	If death occurred in a horpital or institution, give its NAME instead of street and number) os
11 . In 11.616	
2. FULL NAME Yarry 771, Ny 1990	dall de maria de Matarita
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mole White OR DIVORCED (gurite theyword)	(Month) (Day) (Yaar)
ia. If married, widowed, or divorced	(month) (bay) (1dd1)
HUSBAND of (or) WIFE of Compa Mr. Hikkle	22. HEREBY CERTIFY, That I attended deceased from
1:01	1900, to 900000 /, 19
5. DATE OF BIRTH (month, day, and year)	I lásť saw h aliva on 19 ; death is sald
AGE Years Months Days If LESS than I day,hrs	to have occurred on the data stated above, at Oe_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
09 6 14 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Morchand SAWYER, BOOKKEEPER, etc.	Chronic Kupulioni Ochles Vinus-19
9. Industry or business in which	Lator Breezeway Certion 4 days
kind of work done, as SPINNER, Carches SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this	
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town me sugar	Influenza 6 days
(State or country) (emayer of page	
14. BIRTHPLACE (city or town) writenforg	
14. BIRTHPLACE (city or towns writenberg	Name of operation exploratory Data of may 3-3
(State of Country)	What test confirmed diagnosis? Received Was there an autopsy?
15. MAIDEN NAME OLIVAVELLE COM	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME alyalish day 16. BIRTHPLACE (city of town) in the supply (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Vermsylliange	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Mora M. Hipple	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) for one (CSF2 AV) III	
moreland Park emeter Oct 23,193	Manner of injury
	Mature of injury
19. UNDERTAKER / ROOM doseph for Joya	24. Was disease or injury in any way related to occupation of deceased?
(Address) 740/ Associate from	- If se, specify Thos. La Sterma
20. FILED 9/2/ 35 J. WOLLD / WORM	(Address) 2878 Heller Al
Registrar.	(Audress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR FU	JRTHER	STATEMENTS	BY	PHYSICIAN

STATE OF	MARYL	AND-CERTIF	ICATE	OF	DEA'	TH
----------	-------	------------	-------	----	------	----

STATE O	OF MARYLAND-	CERTIFICATE OF DEATH	09899
1. PLACE OF DEATH County Balleurs		Registration Dist. I	3/
Village or City Rauda	Patour	No	St Ward
Length of residenca in city or town whare 2. FULL NAME Maga	death occurred 33 yrs mos	ds. How long in U.S. if of foreign birth?	
(a) Residence: No. Radde	(Usual place of abode)	St., Ward. If nonresident give cit	y or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	, 193 3 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	1 HEREBY CERTIFY TH	at 1 attended deceased from
5. DATE OF BIRTH (month, day, and year)	n 1	Llast saw ev alive on Oct	, 19.3.3; death is said
AGE Yaars Months	Days If LESS than 1 day,hrs.	to hava occurred on the data stated abova, 215 Pn Tha PRINCIPAL CAUSE OF DEATH and related causas of in ware as follows:	1.
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	7 ZV	archal Lemourka	Date of onset
work was done, as SILK MILL of SAW MILL, BANK, etc. Jo. Date decassed last worked at this occordation (month and year)	3 11. Total time (years) spent in this occupation 3 3	Other Coatributory Causes of importance:	
(Stata or country)	land	Only Continuely Cases of Importance.	
13. NAME James 14. BIRTHPLACE (city or town) (State or country)	land	Name of oparation.	Data of
1 111	and b.	What tast confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME Salvelly 16. BIRTHPLACE (city or town) (Stata or county)	eland	23. If daath was dua to external causes (VIOLENCE) fill in als Accidant, suicide, or homicide?	injury, 19
7. INFORMANT Mu Ma (Addyss) Randall	town my	(Specify city or town, or Specify whethar injury occurred in INDUSTRY, in HOME, or	in PUBLIC PLACE.
8. BURIAL, CRIMATION OR RENOVAL Place T. L.	ugoal Oct-10, 1933	Manner of injury	
19. UNOERTAKEN Marky For (Address) 827 % ha	Last Sons	24. Was disaasa or injury in any way related to occupation of	
20. FILED	M. Duffer Registrar.	(Signad) (Address) Cau dallal	Two My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	------------	------------	----	-----------

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIAN
------------------------------------	---------------------

If more blanks are needed Address State Registrar, 2411 N. Charles Street, Baltimor Requesting U. S. No. 1.

V. S. No. 1

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
AL SECTION OF THE PROPERTY OF THE			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 09902
County / Hellingore	Registration Dist. No.
Village or City. It weeken Mid.	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
11.11. 11.	os How long In U.S. if of foreign birth? 4 O yrs mos ds.
2. FULL NAME A Magn florge	Som Hujgen
(a) Residence: No. (Usual place of abode)	St.,Ward. '
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the world)	21. DATE OF DEATH 3/ 103 3
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Joheresse Hugefeert	22. HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Jan -27-186	I last sew harm elive on O.T.3, 19.3.3; death is said
. AGE Years Months Days II LESS then	to heve occurred on the date stated above, at 9:15 P.m.
67 9 3 1 day,hrs	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Subtremte Systemal Date of onsot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILK SAW MILL, BANK, etc. 10. Date deceased lest worked et his securation (month and	- Indocarditis 2 max
work was done, as SILK MILL New Mapler	
10. Date deceased lest worked et this occupation (month and spant in this occupation (month and spant in this occupation this occupation this occupation this occupation this occupation this occupation the spant in this occupation this occupation this occupation the spant in this occupation this occupation this occupation this occupation the spant in the spant i	
11.	Other Contributor Causes of importence:
2. BIRTHPLACE (city or town)	- Cylifical Emboly
13. NAME QUEST F- HIMMERA	Chambran and of Inter
13. NAME Aught I Huppert	Name of operation A Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME UNMANUTY	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Glumnung	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did Injury occur?
7. INFORMANT ANUMEN Hupperto	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Determine Date New 3 19 Pu	Neture of Injury
9. UNDERTAKER THAN C Andles (Address) 1733 Column Colors	24. Was disease or injury in any way releted to occupation of deceased? ///
0, FILED MOS. 1 st 1933 John J. Connelly	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	19903
County Balto	Registration Dist. No.
Village or City Wal & Thorpe	No.Old Was hin Joy Rd v Lincoln Williams (Gard death occurred in a horpital or musicution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Holand J. Hurley	V1
(a) Residence Deld Was king ton Rd of in coly Higher (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Dey) (Yeer)
HUSBAND of Christen a T. Hurley	22. I HEREBY CERTIFY, That 1 attended deceased from
5. DATE OF BIRTH (month, dey, and year) June 26 1982	I lest sew h alive on O eV . 2 7, 1933 ; deeth is seid
7. AGE Years Months Days It LESS than 1 dey,	to have occurred on the date stated above, at 3 Pm.
5/ 4 3 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es tollows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fulmorary 521
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Juleisulon 140
10. Date deceesed last worked et financial fin	
12. BIRTHPLACE (city or town) Draw bridge (Stete or country) And.	Other Contributory Causes of Importance:
13. NAME Noland J. Hurley	
14. BIRTHPLACE (city or town) Drawbridge (Stete or country) Md	Name of operation Date ot Whet test confirmed diegnosis? Was there en eu'opsy?
15. MAIDEN NAME Lydia Henry	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Christina T. Hurley (Address) Old Washing Tow Rd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Nov 1 1, 1933	Menner of Injury
was Cook	24. Was disease or injury in any way related to occupation of deceased? 240

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Refistrar.

It so, specity
(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
		-

V. S. No. 1

ż

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	/
A PERMANEN	ed EXACTL	perly classified.	ficate.
IS IS	e stat	e pro	f certi
INK-THI	d bluods 3	t it may b	on back e
NFADING	plied. AGE	erms, so tha	TION is very important. See instructions on back of certificate.
WITH U	refully sup	in plain te	tant. See
TX	e ca	ATH	mpor
PLAIN	hould b	OF DE	very i

should state of OCCUPA. STATE OF MARYLAND—CERTIFICATE OF DEATH

0	13	6	0	. 4
11	34	44	13	18
17	0	9	7.7	135

1. PLACE OF DEATH	93-2
County Ballo	Registration Dist. No. 30
Village or City Catouruelle	No. Off How St. Ward
(I	death occurred in a hospitallor institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
01 04 1	now long in 0.5. If of foreign birth?yrsmosds.
2. FULL NAME the abeth James on	2 FA 9 1
(a) Residence; No. 6 59 (Usual place of abode)	St., Ward. Dalta: Man State If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female while OR DIVORCED (write the word)	Oct 12, 1933
5a. If married, widowed, or divorced HUSBAND of	(month) (Bay) (Tear)
(or) WIFE of Unk.	22. I HEREBY CERTIFY, That hattended deceased from
6. DATE OF BIRTH (month, day, and year) Unk.	1929 to 04 17 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
9.0 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronia Ma ocardeta 44
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es STIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and by spent in this year) 25	
1,	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	arterio Scleroses
13. NAME John Lecter	and selected
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Chaired Sund Was there an autopsy?
15. MAIDEN NAME Unk.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of njury 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Ofict Horses (Address) Catownson Ved	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balls un Date Oct 18, 1933	Nature of Injury.
19. UNDERTAKER B. C. Hayley	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 1000 S Paga St	If so, specify
20. FILED Det 17, 19 Marshall Blogs	(Signed) Massall & Mass. M. D.
Registrar.	(Address) - Cotonnoch - wo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOTAL V. B.			
Other contributory causes of importance:	Land Carl	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAIN
mation should b

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(160-B) U99U5
/ County Ballimore	Registration Dist. No. 38
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	sds How long in to. S. If of foreign birth?yrsmosds.
2. FULL NAME Waley Day	euseus
(a) Residence: No. Coarney TUB	. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Black OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(oi) HITE OI	Och. 28, 1933, to Och. 28, 1933
6. DATE OF BIRTH (month, day, and year) /0/98/33	I last saw h Minalive on Och 28, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 12, 40 m.
1 day,hrs. or 30. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	asphyxia neonatorum Dato of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Breech delivery with
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	allayed delivery of
0 20. Date deceased last worked at 11. Total time (years)	head.
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Carney	Other Contributory Causes of Importance:
(State or country) Was	•
13. NAME W W. R. Genkeins	
13. NAME W. R. Gerkeurs 14. BIRTHPLACE (city or town) Julystyn	Name of operation 2000 Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Grace Wilson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Grace (S) Ilson 16. BIRTHPLACE (city or town) St. Mary's Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT WW. R. Jewsuis (Address) Fyller R. J. D. Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Pully Hill term Date 10/28 , 1933	Neture of injury.
19. UNDERTAKER Fred. Lassolm & Son (Address) Fulleston, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/26, 19. 33 Q. W. Bacow Registrar.	(Signed) G. M. Bacov M. D. (Address) Parkeville W.
If more black and all Co. D.	(Marios) (A. Marios Mario

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7.8.			

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		Example
related causes Date of onset 1 week ago	The principal cause of death and related cau of importance were as follows: Attack of epilepsy	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5,1927	Cerebral hemorrhage BURBAU
rtance:	Other contributory causes of importance:		Other contributory causes of importance:
1 year	Gastroenteritis	May 1,1923	Gallstones
	Gastroenteritis	May 1,1923	ialistones

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	19907
County Baltimore	Registration Dist. No. 33
Village or City Ourings mills	No. Premod State I raining & Choo Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsQmos	
2. FULL NAME Haller Howard &	ryce
(a) Residence: No. Baltimore and (Usual plate of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sexuals	21. DATE OF DEATH Oct 17 193 3 (Month) (Day) (Year)
5e, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933 to Oct 17 1933
0	
6. DATE OF BIRTH (month, dey, and year) farmary 7, 1917 7. AGE Years Months Days If LESS then	I lest saw h
22 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
9 Tendo profession os meticulos	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	10/16/33
9. Industry or business in which work was done as SILK MILL Training School	Status Epilepticus
work wes done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Dete deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) - Balturian - Sud.	Other Cantributary Causes of Importance:
(State or country)	Neme of operation Date of Whet test confirmed diegnosis? Cleaned Was there an autonsy?
15. MAIDEN NAME annie, a. blorsed	Whet test confirmed diegnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME annie a. Morsey 16. BIRTHPLACE (city or town) - Baltwire with	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT. Institutional Resords (Address) Rosewood State Prairies Charl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Owings files md.	Manner of Injury
Plece Cose vood 6 em Date CT 18 , 1933	Nature of injury
19. UNDERTAKER Flesher Sons (Address) Dinterston Med	24. Was disease or Injury In any way releted to occupetion of deceesed?
2 2 - 10 2-1	If so, specify the near G. Ingland
20. FILED OUT 17, 1933 88 000000	(Signed) Menge C, Medany M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA. ECORD. Every item of infor-Exact statement TH UNFADING INK-THIS IS A PERMANEN

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

1. PLACE OF DEATH	92-A
County Baltimore	Registration Dist. No. 43
Village or City Carney	No. Harlord Stoad St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
1102	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEORIA C. Mass	*********************
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 98. DIVORCED (write they word) The male word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Lenry Kearn	22. HEREBY GERTIFY, That Intended deceased from
6. DATE OF BIRTH (month day, end year) For 13th 1850	I lest saw h 27. alive on 21. death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A. A.
83 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as froms: Oate of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	Arteriosclesses
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	
Baltimore Co.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Water Constant Con	Mys card I of months cient
13. NAME Williams Henry Fieller	
14. BIRTHPLACE (city or town) Balligonore Co	Name of operation Date of
(State or country) Mary and	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME NOTY V. Reese	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Notes (1. 16. BIRTHPLACE (city or town) at the same of the sam	Accident, suicide, or homicide? Date of Injury, 19
S (State or country) Mary and	Where did injury occur?(Sacilar items to see a second
17. INFORMANT Mary Cherowitty Surveille	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Visa Cernellery Date (CT / 0 1930	Nature of injury
19. UNDERTAKER / Planck Lassahn Jons (Address) 1401 Belgis Noad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10 110 , 19 33 9. a. Frata Ma Revisitar.	(Signed) M. D. (Address Red) M. D.
If we like and it is a first	N. C. L. C P. L. P

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

T. II	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
- voit		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	095	ma -
County Baltimor	Registration Dist. No. 3	>
Village or City Catorsvelle Sp	remag Grove Hospital St.,	Ward
Length of residence in city or town where death occurred 3 yrs. / mos	death occurred in a hospital or institution, five its NAME instead of street and no	
2. FULL NAME andrew Kolona		
	and the late of the	21 5
(a) Residence: No. 1938 Dank (Usual place of abode)	St., Ward. Gallet Give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 3
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Mary Kolman	22. I HEREBY CERTIFY, That I attended d	eceased from
000-	I last saw here elive on Oct 22, 1933	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etZAm.	
46 9 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
8 Trade profession or particular	a .	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General arafesio	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9:Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	of the Insance	Cept
SAW MILL, BANK, etc. 11. Total time (years)	0	1930
a lan accompeniate monten of 11' total filling (Accit)		
this occupation (month and year) — Left for 1992 occupation 24 No.		
year) Left 1930 occupation 8440	Other Contributory Causes of importance:	
		6hrs
12. BIRTHPLACE (city or town) Daltanton (State or country)	Other Contributory Causes of importance: Epcleptyform Convelsion	6 hrs
12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) Call the second the		6 hrs
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. City or town) 17. City or town) 18. NAME 19. City or town)	Epilephiforn Convilsion	
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. City or town) 17. City or town) 18. NAME 19. City or town)	Epilephiform Cerwilsion Name of operation Date of	
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Epclepfsform Convelsion Name of operation Date of What test confirmed diegnosis? Was there an au	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME ROSSA BEZEK	Name of operation	'opsy?
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Name of operation	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 24	Name of operation	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BARTHPLACE (city or town) (Constant of the country) (Constant of the country) 17. INFORMANT (Address) 18. BARTHPLACE (city or town) (Constant of the country) 18. BARTHPLACE (city or town) (Constant of the country) 19. Constant of the country (Constant of the country)	Name of operation	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL 18. BURIAL, CREMATION OR REMOVAL	Name of operation	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	Name of operation	'opsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Place 19. UNDERTAKER Taganty Occupation Name Coccupation Name C	Name of operation	'opsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
ROV 2 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.F.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor-OCCUPAshould Jo item PHYSICIANS RECORD. Every statement classified × certificate. properl Jo back may should that instructions 89 in plain terms, See carefully DEATH should be

BINDING

FOR

RESERVED

important. very OF 4

mation CAUSI TION

S. No.

1. PLACE OF DEATH County Length of residence in city or town where death occurre PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DOYORCED (write the word))Hala arrie 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 7. AGE Years Days If LESS than Months, or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc .. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation _____ 12. BIRTHPLACE (city or town (State or country) FATHER ACE (city or town (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country) 18. BURIAL CREMATION, OR REMOVAT 19. UNDERTAKER (Addres Registrar

Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) That I attended deceased from to have occurred on the date stated abova, at The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?.. Where did injury occur?. (Specify city or town, county and Stale)
Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)

19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MOV 8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BU . J. J.	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		82-0	1.
County 12 cetumo	<u>^</u>	Registration D	ist. No.
Village or Bity Catur	surlle	No. No. A state of death occurred in a hospital of institution, give its NAME	Ward instead of street and number)
Longth of residence in city or town where death or	curredyrsmo	ds. How long in U.S. If of foreign birth?	yrsds.
2. FULL NAME Many	Lang	B-11	1
(a) Residence: No. / 6 93 LM	Usual place of abode)	St., Ward. If nonresident g	ve city or lown and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Female White &	NGLE, MARRIED, WIDOWED, I DIVORCED (write the word)	21. DATE OF DEATH (Month)	(Oay) (Year)
I. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. A I HEREBY CERTIFY	, That I attended deceased from
DATE OF BIRTH (month, day, and year)	114/66	I last saw has alive on	1933; death is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	4.m.
676	27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
8. Trade, profession, or particular kind of work done, as SPINNER,		0 104	
SAWYER, BOOKKEEPER, etc.	ndress	Certifical Hemor	mage 3 Row
work was done, as SILK MILL SAW MILL, BANK, etc.	and a	taralips.	3/100
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year) (18643-3	occupation 5 77	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)			
(State or country) German	ry	arterio Seles	mis. Ime
14. BIRTHPLACE (city or town)	ch	Samil Payoro	so. Imo
14. BIRTHPLACE (city or town)		Name of operation	Oate of
(State of country)	any	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Class 16. BIRTHPLACE (city or town)	chmidt	23. If death was due to external causes (VIOLENCE) fill	In also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?0	ate of injury, 19
(State or country) Germ	duy	Where did injury occur?	
INFORMANT Kackerine M	challe	(Specify city or to Specify whether Injury occurred in INOUSTRY, in HON	own, county and State) IE, or in PUBLIC PLACE.
(Address) 1643 n 86	rine 2h	-	
8. BURIAL, CREMATION, OR REMOVAL	2"	Manner of Injury	
Place Haly Redeemin Oat	000 4 ,1933	- Nature of injury	
MASSITANTE Sea & Buth		24. Was disease or injury in any way related to occupat	ion of deceased? 20 -
9. UNOERTAKER 1990 1990 1990 1990 1990 1990 1990 199	La aver	If so, specify	4"
101 01	011	(Signed) Lout. E. Ja	meto MI
Q FILED 192. TO	// //	(oiginud)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS ECORD. Every RESERVED may should that terms, plain in

1. PLACE OF DEATH Registration Dist. No County (ff death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SFX7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19....., to..... certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days M/LESS than The PRINCIPAL CAUSE OF DEATH and related causes of Importance or....min. Data of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER f3. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important. Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? Desired (Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, In HOME, or in PUBLIC PLACE. pluods very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. LION 24. Was disease or injury in any way retated to occupation of deceased? 19. UNDERTAKER (Address) if se, specify 20, FILEO Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
TO SEAU V-		<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
N. a.					

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item -WRITE PLAINLY, THE UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

V. S. No. 1

of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Daltmin	Registration Dist. No.
Village or City Opanowo Porns	No. 1234 Seichwood RSt., Ward
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of toreign birth?
Langth of residence in city or town where death occurredyrsmos	Near A a service of the legal with:
2. FULL NAME KILL Von infant	(IW. Tell)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (words the word) Color of the co	21. DATE OF DEATH Oct 30 t , 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO ot (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6 DATE OF RIPTH (month day and year) Och 31th 1933	I last saw h alive on 19 death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as tollows: Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Otill tom rufam
9 Industry or husiness in which	1
work was dona, as SILK MILL, SAW MILL, BANK, etc.	- 1 his.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Pan Custom	Premediero Porto
(State or country)	- Vrillativo Virto
13. NAME / Cac (. a. 100 Jee	
13. NAME / Cac (. U. Mogle 14. BIRTHPLACE (city or town) Var (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was thara on autopsy?
15. MAIOEN NAME Vol Sun'a W. Walkers 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the tollowing:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
∑ (Stata or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Or fine B. Maylee (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Lew of Tours Bate 19	Nature of Injury
19. UNDERTAKER aliations. Lat.	24. Was disease or injury In any way related to occupation of deceased?
(Address)	It so, specity ff. A for
20. FILEO Der 3/ 1933 / Alle Jonnies (M) Registrar.	(Signed) Att Verman M. D. (Address) Sparrows out

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURGAU V					
Other contributory causes of importance:		Other contributory causes of importance:	- N		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	-------------	------------	----	-----------

V. S. No. 1

County Baltimore County Baltimore County Baltimore Registration Dist, No. 9. Wart Registration Dist, No. 9. Wart Registration Dist, No. 9. Registration Dist, No. 9	infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09915
VILLY NAME North And State Constitution of the		(/	23)
VILLY NAME North And State Constitution of the	of of occ		Registration Dist, No. 😽 U
3. SEX 4. COLOR OR RACE. 5. SIMPLE, MARRIED, WIDOWED, OR	sh of		deally occurred in a hospital or institution, give its NAME instead of street and number)
3. SEX 4. COLOR OR RACE 5. SIMPLE, MARKED, WIDOWED 193 3	INS ent	Langth of residence in city or town where death occurredyrs,	ds. How long in U.S. If of foreign birth?yrsmos,ds
3. SEX 4. COLOR OR RACE 5. SIMPLE, MARKED, WIDOWED 193 3	RD. Ev (YSICIA statem	(a) Residence: No. 1823 Harford RdC	
Sa. It married, widowed, or divorced HUSBAND (Month) (Day) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced HUSBAND (Control of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, widowed, or divorced (Log of the word) Sa. It married, present (Log of the word) Sa. It married,	act #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The principle of the pr			October 6 1933
7. AGE Years Months Days It LESS than I day, and year) 7. AGE Years Months Days It LESS than I day. Are an averaged to the data stated above, at 1.40 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were? Follow the data stated above, at 1.40 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were? Follow the were problem of the principal	MANE A C T assifie	HUSBAND of	22. September 6 1933 to October 6 1933
TAME TO STATE THE STATE OF THE		6. DATE OF BIRTH (month, day, and year) Dety ber 4, 1907	I last saw her alive on October 6, 1933; death is sai
SAVYER BOKKEPER, etc. 9. Industry or business in which work were one, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work were one, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAL 18. BURIAL, CREMATION, DR JEMOVAL Address DID WOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMATION, DR JEMOVAL (Address) 19. JEMOVAL 20. FILED 20	erly icat	7. AGE Years Months Days If LESS than	
SAVYER BOKKEPER, etc. 9. Industry or business in which work were one, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work were one, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAL 18. BURIAL, CREMATION, DR JEMOVAL Address DID WOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMATION, DR JEMOVAL (Address) 19. JEMOVAL 20. FILED 20	S A tate		The PRINCIPAL CAUSE OF DEATH end related causes of importance were p follows
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Baltimore (State or country) 13. NAME 14. BIRTHPLACE (city or town) Baltimore 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Baltimore 16. BIRTHPLACE (city or town) Baltimore 16. BIRTHPLACE (city or town) Baltimore 17. INFORMANT 18. BURIAL, CREMATION, DR. JEMQVAL 19. UNDERTAKER JAMEN AMAR AMAR 19. UNDERTAKER JAMEN AMAR 19. UNDERTAKER JAMEN AMAR 24. Was disease or injury in any way ralated to occupation of deceased? 24. Was disease or injury in any way ralated to occupation of deceased? 25. FILED Out 6, 193 3 17. MAIDEN NAME 18. BURIAL, CREMATION, DR. JEMQVAL 26. FILED Out 6, 193 3 26. FILED Out 6, 193 3 27. FILED Out 6, 193 3 28. Was disease or injury in any way ralated to occupation of deceased? 26. FILED Out 6, 193 3 27. FILED Out 6, 193 3 28. Was disease or injury in any way ralated to occupation of deceased? 28. Was disease or injury in any way ralated to occupation of deceased? 29. FILED Out 6, 193 3 20. FILED Out 6, 193 3 20. FILED Out 7, 193 3 20. FILED Out 7, 193 3 20. FILED Out 7, 193 3 21. Carries 193 193 193 193 193 193 193 193 193 193	HIS pe pe of of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business as SILK MILL	Pulmmany Internaloss agui 1931
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANI (Address) 18. BURIAL, CREMAFION, DR. gemqval (Address) 18. BURIAL, CREMAFION, DR. gemqval (Address) 19. UNDERTAKER (Address) 20. FILED 20. Country) 11. Name of operetion Nam	INK t it		
HATTER AND	So .		Other Contributory Causes of Importance:
HATTER AND	VFA VFA plied rms, nstr	1 101	
What test confirmed diagnosis? X Registrar. Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury Natura of injury 19. UNDERTAKER Registrar. 19. UN	Un up	14. BIRTHPLACE (city or town) Baltsman	Name of operation
15. MATIEN NAME 15. MATIEN NAME 16. BIRTHPLACE (city or town) (Stata or country) HOSDITAL RECORDS—Personal History 17. INFORMANI (Address) 18. BURIAL, CREMATION, DR. BEMQVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10.	O = = =	(State of country)	What test confirmed diagnosis? X Resy Was there an au opsy? M
Where did injury occur? Comparison of the property of the p	eful in p	15. MAIDEN NAME Y//Cry Harmeyer	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
HOSPITAL Records—Personal History 17. INFORMANT (Address) DOWOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMATION, DR. BEMQVAL Comp. Date Dot. 10., 19.35 Place Hospital Records—Personal History Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER Homey World Alma Se. (Address) Jan E East Registrar. (Address) Eudowood Sarve, Towson, Md. (Address) Eudowood Sarve, Towson, Md.	orts Hear	5 16, BIRTHPLACE (city or town) 13 all more	
17. INFORMANT (Address) DOWNOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMATION, DR BEMQVAL Place Start Place Star	NE pe	(State of County)	(Specify city or town, county and State)
Place Holy Redurner Date of 19. 0. 19. 0. Natura of injury 19. UNDERTAKER Honey Work And Se. (Address) / 3 a) E Early Platter 20. FILED Out 6, 19. 3 April 19. Undertaken (Address) Eudowood Sart, Towson, Md.	LA]	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILED Oct 6, 1933 And Registrar. (Address) /30/ E Early (Signed) / William M. (Address) Eudowood Sart, Towson, Md.	E S is	18. BURIAL, CREMAFION, DR JEMOVAL Comy Out is	
20. FILED Codo 6, 1933 APP Button (Signed) Manager M. (Ardress) Eudowood Sarra, Towson, Md.	-WRI matio CAUS TION	10 7	24. Was disease or injury in any way ralated to occupation of deceased?
Registrar. (Ardress) EUQOWOOQ DAIV., TOWSON, MQ.	TT	OAL 3 NEDANTE	(Signed) NU Quidget M.
	A	Registrar.	(Ardress) FUQOWOOQ DATE , TOWSON, MQ.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	`	Example II			
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:.			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

of OCCUPA.

09916 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. P	LACE OF	DEATH	,		(31)	7	
County Baltimore			}		Registration Dist. No.	30	
					No. 101 Forest Drive Geath occurred in a horpital or institution, give its NAME instead of stree ds. How long in U.S. if of foreign birth? yrs.		
					in the state of th	,	
		ME Miss Ka e: No. 101 For		ve	St., Ward. If nonresident give city or tow	n and State	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	ГН	
3. SEX	nale	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct. 21,	13933 (Year)	
	arried, widowa JSBAND of	d, or divorced			(13)	(1001)	
(0	r) WIFE of				22. 1 HEREBY CERTIFY. That I atta		
c DATE	C OF BIRTH /-	nonth, day, and year)	Ann 07	1868	I last saw h & aliva on October 20 19	53 : death is said	
7. AGE	Yaar		Aug. 27.	If LESS than	to have occurred on the dete stated above, at 1.30 Am	, ucatii is said	
	65	,	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:		
7 8.	Trade, profess	sion, or particular	1 44 1	1 01		Date of onset	
2	SAWYER,	ork done, as SPINNER, BODKKEEPER, etc	None	••••••	Chronic Riterstitud replintes fruker		
A 3	Industry or b work wes	usiness in which done, as SILK MILL, ., BANK, etc					
OCCUPATION		, BANK, etcd lest worked at	11 Total t	ime (years)	-		
0		ation (month and	spe	ntin this			
7.00		. Pal	timore (Other Contributory Causes of importance:		
	THPLACE (city (State or count	,,	MD.	20.	(1 a tem to leasers -	unk.	
œ 13.	NAME	Not	Known				
14.	RIRTHPI ACE		t Known		Name of operation Date	- of	
正	(State or o				80	re an autopsy?	
置 15.	MAIDEN NAM	E Not	Known		23. If death wes due to externel causes (VIOL ENCE) fill in also the fol		
15. 16.	BIRTHPLACE	(city or town) NC	t Known		Accident, suicida, or homicida? Date of injury		
Σ	(Stete or	country)			Whera did injury occur?		
		rs Bessie	Joynes Drive		(Specify city or town, county ar Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	IC PLACE,	
		on, dr removal Carmel Ce	M Date Ook	23 ,1933	Menner of Injury		
19. UND	DERTAKER	George W.	Zirkler		24. Was diseese or injury in any way ralated to occupation of dacaasa	d? 245	
	(Addrass)		Eager	St.	If so, spacify		
20. FILE	D 10%	191 7	Police	luar	(Signed) Willisber Ton	M. D.	
	/	233 11	An,	Registrar.	(Address) Lo 2: pres lau d	7 ~	

If more blanks are neded, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

D-4 (4		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	COR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICHANS should state ECORD. Every item of inforof OCCUPA. Exact statement mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERMFICATE OF DEATH (19917
1. PLACE OF DEATH	82-0
County Pallynon	Registration Dist. No.
Village or City Uslla // OVa	No. St., Ward death operared in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	
2. FULL NAME Mary & Mets 9	er en
(a) Residence: No. Easth Road Of	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3.8EX 4. COLOR-OR-RACE 5. MINGLE-MARRIED, WIOOWED,	21. DATE OF DEATH
Jemal That The Word (word)	(Month) 2 (Oay) (Year)
HUSBAND of Cor) WIFE of Denyonin Hatzgur	22. 1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day/and years / onch) 4, 1875	I last saw he alive on 27,19%; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at. J. J. Am.
38 1 24 1 day,mir.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	parelelesch
kind of work done, es SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	
10. Oate deceased last worked at this occupation (month end year)	
2. BIRTHPLACE (city or town Miron Gudge) (State or country)	Other Contributory Causes of Importance:
13. NAME (Isbury Harbsock 14. BIRTHPLACE (city or town) - Carried Co	Cilcucol1
14. BIRTHPLACE (city or town) - Canal Co	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME LIMA SPURIER 16. BIRTHPLACE (city or town) Carroll Company	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANDENGOMON Mity ger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (B. BURIAL, CREMATION, OR REMOVAL	
Piace/1010 (010) Oate /3/ ,1933	Manner of injury
ofm doops and	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Addiess) /3/9 I Jone	If so, specify
20. FILED Trg 1, 133 mm, Rup for Registrar.	(Signed) Colored M.D. (Address) 4 7 Colored Colored M.D.
/ / / / / / / / / / / / / / / / / / /	" (Ardress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUESAT V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE: RECORD. Every item of Mfor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICTANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. BWRITE PLA	mation should	CAUSE OF DI	TION is very
	-		

STATE OF MARYLAND	CERTIFICATE OF DEATH 19918
1. PLACE OF DEATH	942)
County Ballemore	Cougsbury Age Registration Dist. No.
Village or City Randalstonn	No. Caus speed Cd. St., Ward death occurred in a hospital or ignificant speed and number)
	death occurred in a hospital or instruction, give its IVAINE instead of street and number) ds. How long in U.S. if of foreign birth? 10 yrs. 6 mos. 4 ds.
2. FULL NAME Levige Miller	
(a) Residence: No Que geliff of I tome bauther	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR_OR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clisabeth huller	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Reb. 6, 186/	I last saw h alive on Dent 28, 193); death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
72 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Reliard SAWYER, BOOKKEEPER, etc.	an ano Pectores 1930
SAWYER, BOUNKEPER, etc.	over your or carros
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end / 9.7 7) 11. Total time (years) spent in this	
10. Date deceased last worked at this occupation (month end / 9.2 7 spent in this occupation ————————————————————————————————————	
Y	Other Contributory Causes of Importance:
(State or county)	Law My John Williams
13. NAME Undrew Miller	
13. NAME Cudrew Miller 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23, If death wes due to external causes (VIOL ENCE) fill in also the following: Accident suicide or homiside? Date of Injury
16, BIRTHPLACE (city or town) Climany (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT DAY Theo I Catelikamp	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Campfield Road	
Place Louden Pk Date 10/7/, 1933	Manner of Injury
19. UNDERTAKER Louis Themannor Tow (Address) 32 So. Bwadusau	24. Was disease or injury any way related to occupation of deceased?
20, FILED ST 33 My. Buffpers	(Signed) Level Hemmeter M. D.
Registrar.	(Address) 200 2 400 Clover 130

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Exact statement of OCCUPA-

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

MARGIN RESERVED FO	INK-THIS IS
MARGIN R	BWRITE PLAINLY, WITH UNFADING
	, TITE
1	PLAINLY
. No. 1	B.—WRITE

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 44
Village or City Daylor ave Es	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrs,	mos. ds. How long In U.S. if of foreign birth?mos ds.
2. FULL NAME Joseph d. Mu	lls
(a) Residence: No. Daylor (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write they	
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF Sadie Mills	22. IHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thu. 24th 18	65 I last saw bin alive on Och 19 193; death is said
7. AGE Years Months Days If LESS	to have occurred on the date stated above, at
68 8 27 1 day,	nin were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc After Chan 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) 11. Total time (years) 11. Total time (years) 11. Total time (years)	A Chromo Right Son Date of onset
9, industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) oscupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mills	
(State or country)	
13. NAME William Mills	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis Was there an autopsy
15. MAIDEN NAME Rosena Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Johl Mills (Address) Daylor Give, Back	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Was Lawn Com. Date 10/29	Nature of injury
19. UNDERTAKER John G. Connelly (Address)	24. Was disease or injury In any way related to occupation of deceased.
10/12/ 22 8/1/6-11	(Signed) M.D. M.D.
20. FILEO / 0 f & 2/ , 19 22 formula	uraj. (Address) 571 Warnet
	7.

OFFICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 2 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	pritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUPFAU V. 8.	July 5,1927	Peritonitis	3 days ago
		Para Cara		
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				* -

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09930
1. PLACE OF DEATH	956
County Buttimore	Registration Dist. No. 3/
Village or City Issaurite	ND. St. Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Soclesse & M.	out !
(a) Residence: No. 1/10 quete, red	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chas, 9, Monte	22. I HEREBY CERTIFY, That I attended deceased from
7 1 7 12.6	
6. DATE OF BIRTH (month, day, end yeer) + 20. / 1905	
7. AGE Years Months Days If LESS then 1 dey,hrs.	to heve occurred on the dete steted ebove, at
60 8 1 N ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	7 7 0
SAWYER, BODKKEEPER, etc.	aculy bilalation of pet 19/00
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Heart
A. Hede, professing, or pertucular to the find of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this pecuation (month and spent in this security in the security of	
this occupation (month and spent in this veer)	
7000 001011	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(Stete or country)	
13. NAME D. B. Decesies	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Many & Nelsear 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Deta of injury 19
E (Stata or country)	Where dld injury occur?
17. INFORMANT D. B. Giblione	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) ly jourte 2016	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
West alive cum Date Cel, VI 19 33	Neture of injury
Mary Lores,	
19. UNDERTAKEN (Addiess) Sullavella Mich.	24. Was disease or injury in any way related to occupetion of deceased?
40 000	If so, specify
20. FILED OT 20, 1933 Not Ships	(Signed) & asset T & M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis 1915			Example II	
			The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 wee	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 4 1900	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

1. PLACE OF DEATH /		
(Larel of a)	-ff	
County Cleon Dist. No Registration Dist. No		
Village or City Bagemer No. St., (If death occurred in a hospital or institution, give its NAME instead of street and nur		
Length of residence in city on lown where death occurredyrsmosds How long in U.S. If of foreign birth?yrsmos.	ds.	
2. FULL NAME Itel Vone infant. (Mom Sou)		
(a) Residence: NoSt.,Ward.		
(Usual place of abode) If nonresident give city or town and St	ale	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE OR DIVORCED (price the word) 21. DATE OF DEATH 20 72 (Month) (Day)	193.3 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended de	ceased from	
, 19c , to	., 19	
6. DATE OF BIRTH (month, day, and year) Car. 20 1/933 last saw h alive on 19 ;	death Is said	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, etm. I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
min mark at Cause of DEATH and Telated causes of importance	Date of onset	
9 Trade profession or particular		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this open parting from the specified of the specifi		
O 10. Date deceased last worked at		
this occupation (month and spant in this occupation occupation		
Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or goantry)		
13. NAME (Marlla Momson. 14. BIRTHPLACE (city or town) Department Name of operation. Date of		
(State or country) Med test confirmed diagnosis? Was there an aut	opsy?	
15. MAIDEN NAME Margary Champson 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME Margary 18. MAIDEN NAME Margary 19. Margary 19		
The description of the descripti	, 19	
where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Many Many Many Series Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Manner of injury		
Pladelus to John Bate to pring Nature of injury.	~	
19. UNDERTAKED Waterwicel Lat. 24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Cot 210, 19.33 State Simulation (Signed) State Comment	M. D.	
Registrar. (Address)		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OINC	0100
WITH UNFADIN	hod
S	pluc
ITH	a h
W	Hon
	rma
LAINL	info
	of
WRITE	ery item of information should be care
3	/erv

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Bally	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Dad . D.	1 0
Village or City polloma (No.	
FULL NAME Mary Murra	tion, give its NAME in a stead of street and
2FULL NAME ///ary //mura	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH A PARTY
WIDOWED OR DIVORCED GO	(19 3 -2
6 DATE OF BIRTH	(Month) (Day) (Year)
6 DATE OF BIRTH	1 1 1 2 - 1 - 1 2 1 x
100. 15 , 148	1 T. J. 2
(Month) (Day) (Year)	that V last saw h alive on OC 192,
7 AGE ILESS than	
84 yrs. 11 mos. 5 ds. or min.	the CAUSE OF DEATH was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory acute Cadrus decunquisalur
(State or country)	(Duration) yrs mos 3 ds.
10 NAME OF	(N/ la DD. cust
FATHER John Banakan	Co The Control of the
II BIRTHPLACE OF FATHER	(Address) (Address)
OF FATHER (State or country)	Attate the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a flat flatow	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) reland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) My. John Murray Son	romer or usual residence
DI COMMENTER OF THE PROPERTY O	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Johna Kd.)	St Joseph Commender Got 25, 19 33
15 EL CAN 102 MEN HOLLES	20 UNDERTAKER ADDRESS
Filed 6'0724 1933 1177 1 Comments	Cline W Boukhin 824 E Euryer Sh
If more branks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12 nd line Sy hus

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by committee on Nomenclature of the American Medical Association.)
>
> If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorphage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid—probably suncide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," use of "Tumor" for malignant neoplasms); Measles; lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart not disease;

PHYSICIANS should state Exact statement of OCCUPA-

ECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
----------	-------	------	--------	-------	----	-------

Length of residence in city or town where death occurred	1. PLACE OF DEATH	
Village or City No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARNIFD, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. Or min. Date of one particular No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased from the date stated above, at min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one Date of one	County Balls	Registration Dist. No. 3/
Length of residence in city or town where death occurred		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. Date of one Date of one Date of one Date of min. Days of LESS than 1 day, hrs. or. min. Date of one Date of on	(If d	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. I HER EBY CERTIFY, That I attended deceased from the date stated above, at		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 11 Lest saw h alive on 19 death is sto have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one	2. FULL NAME JULY Down have	24
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word) 22. I HER EBY CERTIFY, That I attended deceased from the properties of the properties	(a) Residence: No. (Usual place of abode)	
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased from the control of the control		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased from the control of the control		001 20 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one	HILODAND - C	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one		I last saw h; death is said
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Born
SAW MILL, BANK, etc.	9 Industry or business in which work was done, as SILK MILL,	
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years)	The construction of the co	
12. BIRTHPLACE (city or town) Back to Sind Other Contributory Causes of Importance: (State or country)	BIRTHPLACE (city or town) Buch to End	Other Contributory Causes of Importance:
	1	
13. NAME Calony & Drawly 14. BIRTHPLACE (city or town) (State or country) Date of	14 BIRTHPLACE (city or town)	Name of operation Date of
What test confirmed diagnosis? Wes there an au'opsy?	(State or country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Of cold Colder 23. If death was due to external causes (VIOLENCE) fill in also the following:	15. MAIDEN NAME Word Colors	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) Where did injury occur?		Accident, suicide, or homlcide?
17. INFORMANT Calon E Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Horse Curry Date oct 20, 1933 Nature of injury		
19. UNDERTAKER Calvin & rach (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify		
20. FILED OCT 20, 1933 K. T. Ships (Signed) Harry Tolupha M. Registrar. (Address) Astrocallists Inc.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		· Example II	4	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	-----------	------------	----	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH /	(82.6)
	County of a Ma fo	Registration Dist. No. 3.3
should of OCC	Village or City Hooglingburg	NoSt.,Ward
. 9		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
Every	Q	yrsyrsgs.
ND. Ever FSICIAN Statemen	2. FULL NAME David falmer	
= 1	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
는 E	Male I fite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapric the word)	21. DATE OF DEATH (O) 193-3 (Year)
NE	5a. If married, widowed, or divorced HUSBAND of	
X A C T L classified.	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Sept 2 1842	I last saw have alive on Oct 10 19 33; death is said
PI d H rly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$3 0 A m.
IS A PE stated E properly certificate.	91 1 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
st: pr pr	8 Trade profession or particular	were as follows:
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coorbrale Themorrhage
ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
26 _	SAW MILL, BANK, etc	
0 4 10	this occupation (month and spent in this occupation occupation	
NFADING I	mad	Other Contributory Causes of importance:
DIN L A so t uctio	12. BIRTHPLACE (city or town) (State or country)	
UNFA supplied n terms,		
	E my	
= -= 70	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
carefully TH in pla	15. MAIDEN NAME Magigins	What test confirmed diagnosis?
PLAINLY, WAR	ma ma	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Ca TTH Dor	16. BIRTHPLACE (city or town) Md (State or country)	Where did injury occur?
PLAINLY, ould be cal F DEATH ery import	Francis & 8 tidas	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
PLA uld	17. INFORMANT Manual Casterary (Address) Mesusaprille, M	
	18. BURIAL, CREMATION, ON REMOVAL	Manner of Injury
F (7) .2	Place Cohunch Hill Date Vol 13, 1933	Nature of injury
-WRITE mation s CAUSE TION is	19, UNDERTAKER Bille Bassi	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Prayeracetle Crack	If so, specify
B	20 5450 Oct 11 10 23 14 m 10-40	(Signed) If. M. D. M. D.
ZT	20. FILED, 19 7 7 1 FD. Registrar.	(Address) Persters tower 200
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state RECORD. Every item of infor-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN -WRITE PLAINLY,

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1000
1. PLACE OF DEATH	(23)	3926
County / Jallinove	Registration Dist. No.)
Village or City Catousville	No.42/2 Www. Cave St., of death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredyrsmos		
2. FULL NAME Elizabeth J. Colem	aw Valuer	
(a) Residence: No. 47812 write, are	, St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, OR DIVERGED (which word) 5a. If married widowed or discorbed	21. DATE OF DEATH Och 26 (Day)	193 3 (Year)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of Aluey	22. I HEREBY CERTIFY, That I attended of fully 19 to left 3	deceased from
6. DATE OF BIRTH (month, day, and year) Dec 14 19/0	I last saw have alive on Colored 1500, 1922	; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at	
9 Trade profession or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	of both thengo	25 1974
- I shall this -		
12. BIRTHPLACE (city or town) & atomsvelle	Other Contributory Causes of importance:	
(State or country) Mary land	hlyspina	
13. NAME Tober Colourum 14. BIRTHPLACE (city or town)	//	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIDEN NAME Make 664. 16. BIRTHPLACE (city or town) atomarile	23. If death was due to external causes (VIOLENCE) filt in also the following:	
16. BIRTHPLACE (city or town) alguments	Accident, suicide, or homicide? Date of injury	, 19
m mulla Cabana	Where did injury occur? (Specify city or town, county and State)
(Address) A V//2 /8) (Alle Catal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BUBIAL CREMATION, OR REMOVAL Place Latery Star Cey, Date Oct. 30, 1933	Manner of injury	
19. UNDERTAKER Saston Sons		ho
20. FILED 15/38 1933 Alle Widees	If so, specify (Signed) (Signed)	M. D.
Registrar.	(Address) (Caloutall M	<i>!/</i>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

She Left the "herry Horapital" some time in July

1932

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1927
1. PLACE OF DEATH	W-5	
County Galto	Projection Disk No. 3 3	
Village or City Freeland & A	Registration Dist. No. QQ	
(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	ds. How long in U.S. if of foraign blrth?yrsmos.	
2. FULL NAME Peter Jarrish		
(a) Residence: No. Freeland. P.D.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	
Male Weste Widowed.	(Month) (Day)	(Year)
5e. If marriad, widowad, or divorced HUSBAND of (or) WIFF of	22 I HEREBY CERTIFY, That I attanded da	resent from
(or) WIFE of Frances Co Varrida	Sptember 2 ,33 ,6 October 1	1933
6. DATE OF BIRTH (month, day, and year)	Hest saw h. im alive on October 1 1933.	leath is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 45 Am.	
91 — 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end raiated causas of importance ware as follows:	
S Trade profession or posting to	Influenzal Broncho-pneumonia	9/24/
kind of work done, as SPINNER. Cetered Farmer		33
SAWYER, BOOKKEEPER, atc. Industry or businass In which work wes dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decessed lest worked et this occupation (month end of this progration (month end of this progratio		
SAW MILL, BANK, atc		
this occupation (month and Jaw 1928 spant in this 754)	• '	
Bolto Co	Other Contributory Causes of importance:	/24/33
12. BIRTHPLACE (city or town) (State or country)	Alveolar Abscess 9	124/00
13. NAME Stoplane Carrials		
13. NAME Stephan Jarrish 14. BIRTHPLAGE (city or town) Society Green	Name of operation	
(State or country)	Name of operation	100
15. MAIOEN NAME Catherine While	23. If death was due to externel causes (VIOLENCE) fill in also the following:	opsy: AAQ
15. MAIOEN NAME Catherine Ulreger 16. BIRTHPLACE (city or town) South Turbur	Accident, suicide, or nomicida?	10
(State or country)	Where did injury occur?	, 13
17. INFORMANT Russell S. Jarrish	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
(Address) Grusheeks lakte ta.		
18. BURIAL CREMATION OF REMOVAL	Manner of injury	
Place Middle Country Clark God 1933	Nature of injury	
19. UNDERTAKER Paul N. Hartonston	24. Was disaase or Injury in eny way reletad to occupation of decaesed? NO	
(Addrass) New Fredow (ta	If so, spacify none	
20. FILED (5 1933 Samuel & Didley	(Signad) Salls Schalanoff	M. D.
Nah Registrar.	(Address) Glenville, Penna.	

Dale

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	————(93-c)
County Baltimore	Registration Dist. No. 38
	No. Sheppard & Enoch Pratt Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number) ### ds. How long in U.S. If of foreign birth?
2. FULL NAME Mr. William Caldwell Pa	
(a) Residence: No. Belan Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE OR DIVORCED (purite the word) The second of the color of	21. DATE OF DEATH 14 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ex) WHE of Mus- Connetto Ety Porish	22. I HEREBY CERTIFY. That I ettended deceased from Sept 30 1933, to 000. 14th, 1933
6. DATE OF BIRTH (month, day, and year) 31, 1879	1 last saw h 1 elive on Oct 14 th, 19 33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 180 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Myorardites 1919
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decoased last worked at this occupation (month and occupation for month	
12. BIRTHPLACE (city or town) Marietta, Bhis (State or country)	Other Contributory Causes of Importance: 1933
13. NAME Edward Moore Parish 14. BIRTHPLACE (city or town) Whitehall Mid.	
4. BIRTHPLACE (city or town) Whitehall Md.	Name of operation Mone Date of What test confirmed diagnosis? Was there an autopsy? Ho
15. MAIOEN NAME Sabra Ellenthenderson 16. BIRTHPLACE (city or town) Baltmone, Mid	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT HOSPITAL RE CORDS	Where did injury occur?(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Summon - Dallo O. Date Suff- 16933	Manner of Injury
19. UNDERTAKER Stown Tom Co. (Address) 08 um mf dwc.	24. Was disease or injury In any way related to occupation of deceased? 110°
20. FILED Coct. 15, 1933 Will Vgiette	(Signed) Atthor E. Pattrelli M. D. M. D. (Address) 100w90n, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING PERMANEN RESERVED MARGIN

THIS

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. item (ff death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos. PHYSICIANS Length of residence in city or town where fleath occurred statement 2. FULL NAME ECORD. (a) Residence: Np. ff nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of × 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly stated 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BODKKEEPER, etc.. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may plnous no 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _____ See instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? Was there an europsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL Manner of Injury WRITE 52 CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify A Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	FURTHER STATEMENTS BY PHYSICIAN	FURTHE	FOR	SPACE	ADDITIONAL
--	---------------------------------	--------	-----	-------	------------

3. S

5a.

6. D 7. A

OCCUPATION

ECORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement stated EXACTL properly classified. See instructions on back of certificate. he AGE should CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINLY,

Length of residence in city or town where death occurred 34 yrs. 10 mos.	Registration Dist. No. No. No. Registration Dist. No. No. No. No. No. No. No. No.
(a) Residence: No. Philadelphia & Redline (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE MALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH October (Month) (Dey) (Year)
f married, widowed, or divorced HUSBAND of (or) WIFE of Rose May Pensel ATE OF BIRTH (month, day, and year) December 9 1898 GE Years Months Days If LESS, than 1 day, hrs. or	22. I HEREBY CERTIFY, That I ettended deceesed from October 30, 1933 to October 30, 1933 I last saw h. 1m. alive on October 10, 1933; death is said to have occurred on the date stated above, et 6-30 mA. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: ACCIDENTAL BURNING. Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) October 30,133 spant in this occupation. BIRTHPLACE (city or town) LORLEY	

12. (State or country)

FATHER 13. NAMETohn

14. BIRTHPLACE (city or town) (State or country Ba County . Maryl

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town).

(Address) Registra

Not

Public Highway I (Specify city or town, county and State)
INDUSTRY, In HOME, or in PUBLIC PLACE.

body

ing Coronor BALTO CO. MARYLAND.

If more blanks are needed, address State Regultrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

. To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.
- · In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example_I	1	* Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921 -	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis .	3 days ago	
Transis drong street. Blind, Street			- 4	
and the state of t			1	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		
			100	

09931

Registration Di	st No.32
No death occurred in a hospital or institution, give its NAME is	St Ward
ds. How long in U.S. if of foreign birth?	
<u> </u>	
linger	
St. Ward.	e city or town and State
MEDICAL CERTIFICATE	
21. DATE OF DEATH	
Cech	27 1933
(Month)	(Day) (Year)
22. I HEREBY CERTIFY.	That I ettended deceesed from
	, 19
I last saw h alive on	, 19; death is said
to have occurred on the date steted above, at	4m7.40 am
Tha PRINCIPAL CAUSE OF DEATH end related causes were as follows:	
accedently / lelle	Date of onset
by m. RR outra	cs
on tracks near mi	2Donous
traction of neck for	REIC P
acher Contra	
Other Contributory Causes of importence:	
Neme of operation	Oate of
What test confirmed diegnosis?	
23. If death wes dua to external ceuses (VIOLENCE) fill In	/- /
Whera did injury occurred the Done	a of Injury Dim 1 1900
(Specify city or tox	wny county and State)
Spacify whether Injury occurred in INDUSTRY, In HOME	, or in PUBLIC PLACE.
The state of the s	10.16.
Manner of Injury August Gy Mac	a call from
Neture of Injury parties need, orange	V-RUSS COM
24. Was diseese or injury in any way related to occupation	on of deceased?
If so, specify	110
(Signed)	Jaroner M. D.
(Address) Units	ya mos

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

STATE OF MARYLAND CERTIFICATE OF DEATH

County position of the country	Registration Dist. No.
Village or City Owings Mille, (No. 11) Roseword 2FULL NAME Mary Plowden	(If death occurred is a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white Single (Write the word)	16 DATE OF DEATH 192
Sept. 4, 1886 (Month) (Day) (Year)	that I last saw her alive on Och. 13, 1933.
7 AGE 47 yrs. No mos. 12 ds. lf LESS than I day 15 hrs. or 30 min.?	and that death occurred on the date stated above, at 3:30 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Quante, Rosewood State (b) General nature of industry Graining School, business, or establishment in which employed or (employer) Chwings mills, md. 9 BIRTHPLACE (State or country) Bushwood, M. (St. Mary Co.)	Contributory Secondary (Duration) Annua Tree Tree Tree Tree Tree Tree Tree Tre
10 NAME OF FATHER Edward James Plowden 11 BIRTHPLACE OF FATHER (State or country) Bushwood, Med St. Mary Co	(Signed) Harry J. Buller M. D. Och 13, 1923 (Address) Owny mills, md
OF MOTHER Josephine freeman 13 BIRTHPLACE OF MOTHER (State or country) Charles Co., Mid.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 9 yrs 5 mos 23 ds. In the 47 yrs mos /2 ds. Where was disease contracted, ah place of death if not at place of death?
(Informant) Sustitutional Records (Address) Rosewood State Truining Set	Former or usual residence Bushwood and 48t Mary Cv.) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Of Bushwood It. Mary Oct 14, 1933
Filed Octo/3 1923 3 DY Molecular Registrar	a. C. Welsh Lowers down

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate MARGIN RESERVED FOR WITH UNFADING INK--THIS WRITE 00 ż

RECORD

KENT

IS A

BINDING PERM

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. who have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease is considered to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor incumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonueum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic valvular heart disease; etc. The Nomenclature of the Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important.

-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(82-10)	
County Baltimore				Registration Dist. No. 32	
		ville		NoSt.,_St.,	
- 22/ 2/ 2000	ME William Da		ster Poblet	ts	
(a) Resider	nce: No. Pikesy	ille (Usualplace	e of abode)	St., Ward. If nonresident give city or town and Stat	le
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white	5. SINGLE, MAI OR DIYORCI Sing.	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 28th 193 (Month) (Oey)	3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended dece 1929 19 19 19 10 Oct 28th	ased from
& DATE OF BURTH	/	2		llast saw h im alive on October 27th 19 33 de	A
	(month, day, end year) ars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, atI _ 3Qa_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset
SAWYER SAWYER SAWYER SAW WI DO Oate deceas	ession, or particular work done, as SPINNER, t, BOOKKEPPER, etc business in which is done, as SILK MILL, LL, BANK, etc	House bu		Cerebral Hemorrhage IC	/18/3
12. BIRTHPLACE (city or town) Maryland (State or country)				Other Contributary Causes of importance: Arterial Hypertension I	929
13. NAME	William Pobl	etts			
13. NAME William Pobletts 14. BIRTHPLACE (city or town) Maryland (State or country)				Name of operation	
15. MAIOEN NAME Frances Morgan				23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Frances Morgan 16. BIRTHPLACE (city or town) Maryland (State or country)				Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Kenneth Whitcomb (Address) Pikesville, Md.				(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place As bury Cemetery Oate Oct . 30. 1933			30. 1933	Manner of injury	
19. UNDERTAKER(Address)				24. Was disease or Injury in any wax related to occupation of deceased? NQ If so, specify	********
20. FILED 9	g 1933 V	100	Registrar.	(Signed) 10,600 (Address) Pikesville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 100	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 PLACE OF DEATH	108)
/ County Baltimore	Registration Dist. No.
Village or City Randalstown	No. Caussfield Rd St. Ward
Length of residence in city of town where death occurred yrs. 4 1900	f death occurred in a hospital synstitution, give its NAME instead of street and number)
2. FULL NAME Wilhelmine - M	sds. How long in U.S. if of foreign birth? 3 Uyrsmosds.
0.1 71 0	and But C
(a) Residence: Notting string I tome Cafe feet	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Here ale While S. SINGLE, MARRIED, WIDOWED, OR DY ORCED (purite the word)	21. DATE OF DEATH 5-12 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Unknown	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 10, 1866	I last saw h. A. alive on Oct 4 1923 : death is said
7. AGE Years Months Deys, if LESS than	to heve occurred on the date stated above, atm.
66 11 26 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Thousand Sawyer, Bookketper, etc	La Company Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Kovar Mumoria 3das
work was done, es SILK MILL, SAW MILL, BANK, etc.	
2 Cura occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	none
13. NAME Christian / Cares	
I IS. MAINE (TURSULAR / TURSULAR	
14. BIRTHPLACE (city or town). (State or country) ULLSSIG	Name of operation Dete of
15. MAIDEN NAME Unknoun	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Russia	23. if death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Bu. They Referrance	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL.	Manner of injury
Place It Vauls Owlelouble Oct 9, 19 33	Nature of injury
19. UNDERTAKER & Seguency of Fre.	24. Was disease of fury in any way related to occupation of deceased?
(Address) 3 + J. Bundervieg.	If so, specify We we muster
20. FILED / 6/33, 19 / 7 7 2 ples	(Signed) M. D.
Registrar.	(Audress)

Exact statement of OCCUPA-

AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANEN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis s.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones EEGI OE 13	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



RECORD. Every item of infor-MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
		and the second s		

1. PLACE OF DEATH	 3 0.9935
County Gallinore	Registration Dist, No.
Village or City Parksville (I) Length of residence in city or town where death occurred yrs. mo	No. Old Harland Td., St., Ward feelth occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(12) (1)	
2. FULL NAME (a) Residence: No. (Usual place of a shode)	f. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) /0/1/33	Oct 1, 1933, to Oct. 1, 1933
6. DATE OF BIRTH (month, day, end year) / U / S 7. AGE Years Months Days If LESS than	I last saw h; death is said
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
S Trade explanation or cartifular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	SXIII - II
9. Industry or business in which	July money
work was done, as SILK MILL, SAW MILL, BANK, etc.	han surre regensius
10. Date deceased last worked at this occupation (month and year)	Journan
12. BIRTHPLACE (city or town) Parkeille (State or country)	Other Coutributory Causes of Importance:
13. NAME Tom. Quatman	
13. NAME W. Guatman 14. BIRTHPLACE (city or town) Balto:	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Thelma Wagner	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Sallo.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT UM Guatman (Address) Jawson 8, F. D. #6	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tarkwood Tolly Date 10/2 , 1933	Nature of injury
19. UNDERTAKER Www. Gooks (Address) 1317 Sh Paul Sh	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED 10/2 , 1933 Q. M. Bacow Registrar.	(Signed) Parkeville M.D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year .
			7.5

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

STATE OF MADVIAND CEDTIFICATE OF DEATH

8	SIA	IL U	LIMIAK	I LAND	CERTIFICATE OF DEATH	19936
1	1. PLACE OF DEATH				(23)	
V.	County Baltimo:	re			Registration Dist. No. 32	
	Village or City Mt.	Wilso	n		Mt. Wilson Branch, Md.	Ward
	Landbor of the state of the sta			0 3	Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriumst. f death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or to				55_ds. How long in U.S. if of foreign birth?yrs	mosds.
		va Ra				
	(a) Residence: No. 11	6 Alb			st., Ward. Baltimore, Md	
LOND	PERSONAL AND ST		(Usual place		If nonresident give city or town an	id State
3	PERSONAL AND ST	- 1			MEDICAL CERTIFICATE OF DEATH	
3.	Female White		OR DIVORCE	RRIED, WIDOWED, D (write the word) OWed	21. DATE OF DEATH October 18th, (Month) (Day)	1933.
5a	. If married, widowed, or divorced HUSBAND of	- 1			, , , , , , , , , , , , , , , , , , , ,	(Year)
	(or) WIFE of	Josep	h Raku	5	22. 1 HEREBY CERTIFY, That I attended	d deceased from
	The state of the s		` ~ ~ ~ .	7.00	Sept. 13th, 19 33, to October 18	3, 1933
	DATE OF BIRTH (month, day, and ye				Hast saw h.er elive on October 18th 193.	2; death is said
7.	AGE Years M	onths 7	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, e2.40 A.m.	
1			3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	8. Trade, profession, or particular kind of work done, es SPIN SAWYER, BOOKKEEPER, etc	INER, IJ	ousewo	مر! بدر		
AT	9. Industry or business in which		Odsowo.		Pulmonary tuberculosis.	1928
OCCUPATION	work was done, as SILK MII SAW MILL, BANK, etc	LL, A	t home			
S	10. Dato deceased last worked at		11. Total t	ime (years) In _		
_	this occupation (month and year)	1928	3 spe	ime (years) Un- nt In this upation Known	4	
12	BIRTHPLACE (city or town)UI	aknow	n		Other Cantributory Causes of importance:	
3 64	(State or country)	thua	nia		None	
2	13. NAME Anthony	Fish	er			
FATHER		Jnkno			Name of operation No operation Date of	
F.		ithu				
ER			owski		What test confirmed diagnosis? A Tay, and was there an 23. If death was due to external causes (VIOLENCE) fill in also the following	autopsy?NO
MOTHER		Jnkno		-		
×	I TO. DIRECTION LANGE (CITY OF COWITY	ithu			Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT Jours A. (Address) Water 118	Ich	werko	by	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ite) .ACE,
18.	BURIAL, CREMATION, OR REMOVAL			0	Manage of Jaluary	
	Place Cathedral	Cem	Date 10/	20 ,1937	Manner of injury	
	Jahr. 1	1. Ca.	111000	.0		No
19.	UNDERTAKER (Address) Follows	v ×	able to	De la	24. Was disease or injury in any way related to occupation of deceased?	NO
	/ /	18	16	100	If so, specify	
20.	FILED (18 1933			V VYN D	(Signed) To Mu C. Juliu	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 6861 8	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

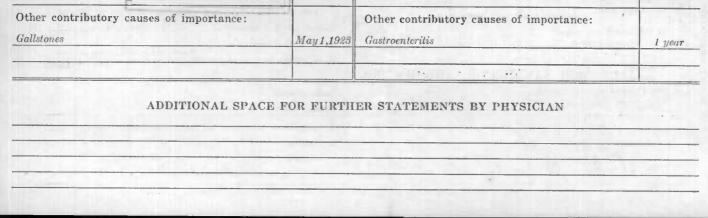
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	115 115 75
Gallstones	May 1,1923	Gastroenteritis	1 year



ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, U. H. UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF BEATH	
County Balton or	Registration Dist. No. 30
Village or vitys Coarmanlle Apr	renog Trove Hospital St., Ward
	If death occurred in a horbital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?vrsmosds.
711-10111111111111111111111111111111111	(Process)
2. FULL NAME MATGER OF THE	B- OL MI
(a) Residence: No. 459 446 (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORÇED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Linele	22. I HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year)	lest saw he alive on Och 12 1903; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
7G ? ? 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Date of onset
8. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nov.
9. Industry or business in which work was dona, as SILK MILL,	Carcinoma of Breast 1932
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and spent in this spent in	
this occupation (month and year) spant in this occupation	
B. Co	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	artenio Saleronio 57/20
W 13. NAME JORG R. L.	- Correction Confidence in the grade
13. NAME 14. BIRTHPLACE (city or town) 14. City or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna Dohmide	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Una Achardel 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Data of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT W & Rider (Address) 450 Yale ave	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place athedral Date Of 1, 1, 193	Nature of injury
19. UNDERTAKER Martin Taket & fow	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1827 W. nowsk and.	
(nuuross)	If so, specify
20. FILED 19/13 , 1935 ATO CHIEFLE Registrar.	(Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
VON					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foraign birth? ... Length of residence in city or town where death occurred. RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months to have occurred on the date stated above, at _____ 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset Trade, profession, or particular OCCUPATION kind of work dona, ns SPINNER CSAWYER, BOOKKEEPER, etc. Industry or business in which may plnods work was dona, as SILK MILI SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ____ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. in plain (Stata or country) carefully What test confirmed diagnosis? ----- Was there an au'opsy?_ MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) filt in also the following: Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town Date of injury _____ 19. (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should 17. INFORMANT very Manner of injury mation TION Nature of injury. 24. Was disease or injury in any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify 20, FILEO Registrar. (Address) ... ded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

L'ample I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis 3	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH plnous County Baltimore item of Registration Dist. No. Wilson Branc uberculosis S Village or City Mount Wilson No. I (If death occurred in a hospital or institution, give its NAME instead of street and number) 8 mos. 25 Length of residence in city or town where death occurred ds. How long in U. S. if of foreign birth? vrs. mos. ds. 2. FULL NAME Hattie Roseman (a) Residence: No. 2 North Lakewood Ave. RECORD. Baltimore, Md. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female White October Single BINDING 5a. If married, widowed, or divorced I HEREBY CERTIFY, That I attended deceased from (or) WIFE of February 3, 1932 toOctober 28 Hast saw her alive on October 28 6. DATE OF BIRTH (month, day, end yeer) July 7th. properly to have occurred on the dete steted above at 2: 25A m 7. AGE Years Months Days If LESS than FOR I day,hrs. 34 The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Pulmonary Tuberculosis 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc. may plnods 9. Industry or business in which work wes done, as SILK MILLHousework at home. 11. Total time (years) Un-spent in thicknown 1D. Date deceesed last worked et this occupetion (month and 1920 se that 12. BIRTHPLACE (city or town) Baltimore. MARGIN (Stete or country) Maryland supplied. None in plain terms, FATHER 13. NAME Aaron Roseman Unknown See Operation 14. BIRTHPLACE (city or town) What test confirmed diagnosis? X-Ray, and Was there an auto to be rule bacilli were found in 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Russia (State or country) carefully MOTHER Esther Jacobson 15. MAIDEN NAME important Unknown DEATH 16, BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Dete of injury______ 19 Russia (Stete or country) pe Where did injury occur? (Specify city or town, county and State) Louis Schuerholz Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE pluods Mt. Wilson, Md. OF (Address) 18. BURIAL, CREMATION, DR. REMOVAL Menner of Injur Nature of injury 24. Was disease or injury in any way related to occupation of deceased?___ If so, specify (Signed) Registrar.

Date of onset

1920

Was there an autopsy?.

Hebrew Herring 1 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	A A OVERTICAL	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	987 9 NON	3 days ago
			Town Marine St.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

1.	PLACE OF	Baltimon			98) Registration Dist. No.	1.
	Village or Cit		1,		No. 210 Cleveland st St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.	
2.		E Pasqua				
	(a) Residence	1.30 03	eveland :		St., Ward.	nd State
	PERSONA	L AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. S f e	emale	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH 1933 (Month) (Day)	, 193(Year)
5a. I	f married, widowed HUSBAND of (or) WIFE of	, or divorced Peret Ro	ssi		22. I HEREBY CERTIFY, That I attende	ed deceesed from
6. D	ATE OF BIRTH (m	onth, day, and year) \mathbb{A}	pril 5th	1852	I last saw h MA alive on Oct 17 193	3; death is sald
7. A	GE Years	1 Months	Days 12	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	Date of onset
OCCUPATION	9. Industry or be work was o SAW MILL 10. Date deceased	lone, as SILK MILL, BANK, etc	spa	time (years) nt in this upation	Decultal ganguere Of Buttocke	9-4-3
12.	BIRTHPLACE (city (State or count	(y)			Other Contributory Causes of Importance: Branchs Premonia	8-12-3
ER	13. NAME	Andrew Pe	rtazza			
FATHER	14. BIRTHPLACE ((State or c	city of town,	aly		Name of operation	09.
MOTHER	15. MAIDEN NAM 16. BIRTHPLACE ((Stete or o	city or town)It	know _, aly		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	NFORMANT(Address)	Peter Ros			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC I	tate) PLACE.
18.	PlaceSt			t 19th,	Manner of Injury	
19.	UNDERTAKER (Address)	ohn Ullri 008 Orlga	~ ~ ~		24. Was disease or injury in any way related to occupation of deceased?	no
	FILED /870	8/26	mlear	mane	(Signed) AN RUU	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ż

1PLACE OF DEATH County Baltimore,	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(210-m) Registration Dist. No. 44
Village or City Sparrows Point. (No	St: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 26, 1933 , 192
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to , 192 ,
7 AGE 5/- yrs. 3 mos. 24 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Accidental, struck by automobile.
(a) Trade, profession or particular kind of work Penn-R. R. Breslman (b) General nature of industry	Fracture of Skull, Jorpound Fracture right Leg.
business, or establishment in Penn-R.R.	(Duration)yremosds.
State or country) Baltinare City.	Contributory Secondary Durstion June 1000 de.
FATHER Jahn. Recorde.	(Signed) A Sulf M. D.
of FATHER (State or country) Baltimore city. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Wiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Flenten.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Ballinas City.	At place of death yrs mos. ds. State yrs de, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dealn?
(Informant) Mary. E. Rumpet.	Former or usual residence
(Address) Bridge ave Chisco Par	(. Morelando men Pop Oct. 3 9 19 8 3
15 Filed 10/29/33 19×33 John G. Comully Register	John G. Connelly Esset Ind.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnum - Loborer-Inharer, Form laborer, Loborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Or. yrs). At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. Wom-

6, 19

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse, perilonaeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condicough; or intercurrent) affection Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory need not etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

vrs ds.

If LESS than

1 day, hrs.

or min.

spent in this

occupation ___3

Registration Dist. No. 30 (If death occurred in a horpita) or institution, give its NAME instead of street and number) How long in U. S. If of foraign birth? ______yrs. _____mos._____ds.

MEDICAL	CERTII	FICATE	OF	DEATH

If nonresident give city

22. ERTIFY. That I attended deceased from

to have occurred on the date stated above, at ____ The PRINCIPAL CAUSE OF DEATH

Date of onset 13.000

21. DATE OF DEATH

What test confirmed diagnosis? Was thera an autopsy?_(23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?__ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of injury_

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
(a) (a)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m) 09945
County Baltimore	Registration Dist. No. 43
Willam or City Menter	Sclair Road & Maple aveist, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Canard & Slig	
(a) Residence: No. 3 9 0 6 Souther Parket	St., Ward. If nonresident give city or town and State
(Vsual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married (write the word)	62, 26 1633, 199 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clands M. Selia	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) June 1880	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
53 4 18 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular A	Compound Commissules Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER Jurehand 9. Industry or business In which work was done, as SILK MILL far fural SAW MILL, BANK, etc 10. Data decaased last worked at this occupation (month and spant in this	Wanture of Debutt
9. Industry or business in which work was done, as SILK MILL	into been I so
SAW MILL, BANK, etc.	A 910
	Law w
year) occupation occupation	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town).	Mar Koo
(State or country) Alargeanice	
14. BIRTUPLACE (city or town) Valknown	
4. BIR (APLACE (city or town) (State or country) (State or country)	Name of oparation
(Oracle of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Lind	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Lacada L. Date of Injury 10/26, 19 3.3
O 16. BIRTHPLACE (city or town) (State or country)	
Da in Malia	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
17. INFORMANT (Address)	On Belan Rd & Maske Use
18. BURIAL CREMATION, OR REMOVAL	Manner of injury auto accellent
Garrenood lemeler Jot 30 = 1933	Nature of injury.
Theodorick Palas buston	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER/MUNICIPALITY OF CONTROL (Address) 740/ Selan Viral	If so, specify Supplements G. Dack
Inlance hat I to man	(Signed) Ourse Fred M. D.
20. FILED JOL 28, 1930 II. U. TUNG M. Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MOD POR PO	KINER STATES	IENTS BY PHYSI	ICIAN	

state RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS should stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF BEATH	S S S S S S S S S S S S S S S S S S S
down stattm or	Registration Dist. No.
Village or City of an ensem	No. 202St.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Will born infa	ut shifflet
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single White Single MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON 31 (Day) (Pear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct .3173 1933	l lest saw h alive on f9 ; deeth is sai
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on line date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	Still bow whave
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. Date deceased last worked at this operation (month and	(4 mis)
O 10. Date deceased lasl worked et this occupation (month end year) 11. Total time (years) spant in this occupation coupation	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town). (Slate or country)	Chemour book
13. NAME (Nav. W. Stifflett 14. BIRTHPLACE (city or town) V9	
14. BIRTHPLACE (cily or town) / / 9 (State or country)	Name of operetion Date of Was there en autopsy?
15. MAIDEN NAME Man's Comis 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, f9, f9
f7. INFORMANT Manie C. Shifflett. (Address) Dominion	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Johnson Homes	Manner of injury Nature of injury
19. UNDERTAKETULA Comical Lab. (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED CON 3 / , 1933 4 AU Comics (M) Registrar.	(Signed) (Address) Parawrant

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis S.D.\	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hémorrhage	July 5,1927	Peritonitis	3 days ago
NO. 4.3-	1		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

N. B.

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
----------	-----------	-------------	----	-------

1	. PLACE OF DEATH	אורוויו וכ	LAND	CERTIFICATE OF BEATH	1947
	County Baltimore			Registration Dist. No. 32	
	Village or City Eccleston Length of residence in city or town where	death occurred 71	yrs. 9 (If	No. Burnside Farm St., death occurred in a hospital or institution, give its NAME instead of street and s ds. How long in U.S. If of foreign birth? yrs. me	Ward
:	. FULL NAME Samuel				
a.ua.v	(a) Residence: No. Ecclest			St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male 4. color or RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 1 (Month) (Day)	, 193 33 (Year)
-	If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Whit DATE OF BIRTH (month, day, end year)		semaker .861		, 1933
7.	AGE Years Months 9	Deys 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 11.55 m M. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Producer lker-Gor		Cerebral hemorrhage Other Contributary Causes of Importance:	2 days
12.	BIRTHPLACE (city or town) Balti (State or country) Baryl	and		Chronic Arthritis	l Yr.
ER	13. NAME Samuel M. S	hoemaker			
FATHER	14. BIRTHPLACE (city or town) Loui	siana		Name of operation None Date of What test confirmed diagnosis? Clinical Was there an a	utopsy? No
TER	15. MAIDEN NAME Augusta:	Ecclesto	n	23. If death was due to external ceuses (VIOLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or town) Ches (State or country) Mary	tertown Iana		Accident, suicide, or homicide? Date of injury Where did injury occur?	
	INFORMANT Samuel M. SI (Address) 61 Gramercy BURIAL, CREMATION, OR REMOVAL GAT PlaceSt. Thomas	Park. N	ew York.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL Manner of injury Nature of injury	ACE.
19	UNDERTAKER Henry W. Jer (Address) Baltimore,	nkins &	Sons Co.	24. Was disease or Injury In any wey related to occupation of deceased?	No
20	FILED 6 1 2 , 1933	W.O.	E. Mer. Registrar.	(Signed) L. Pikesville, Ma.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and relation of importance were as follows:	ted causes Date of onset
1915	Attack of epilepsy EEGL 9 AU	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	
	Other contributory course of importan	
May 1,1923	Gastroenteritis	1 year
		-IC-ITEL DE
	1915 1921 July 5,1927	Date of onset The principal cause of death and related of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

		Registration	Dist. No.	50
No			St	Ward
1.5 ds How los	ig in U.S. if of fe	oreign birth?	yrs	mosds
with				6
01				
St., W	ard.	If nonresiden	t give city or low:	and State
MEI	DICAL CE		E OF DEAT	
21. DATE OF			0	
	Gel	ron	1	103 3
	Entrares	(Month)	(Day)	(Yeer)
22. I H	EREBY	CERTIF	Y. That I ette	nded deceesed from
		33 , to	601	7 19 33
I last saw II	elive on	601	7 7 ,19	33 ; deeth is sein
to heve occurred on	the dete stated a	hove at /		
The PRINCIPAL CA				
were as follows:			ses of importance	Date of onset
and	une sa	luns		
1ste	puter	-		
- 1	12			
0.	1 /	W	untog	
u	ena	Her	ming	2.3.
Other Contributory	auses of Importe	ence:		
Neme of operation		7	Dete	of
Whet test confirmed	diegnosis?	r. 2	Wes there	e an eulopsy?
23. If death was due to	externel couses	(VIOLENCE)	ill in else the fell	of ean eulopsy?
		. (·
Accident, suicide, or	nomicide?		Date of Injury	, 19
Where did Injury occ	ur?	(Specify site	Pour a	J C
Specify whether inju	ry occurred in II	NDUSTRY, in H	OME, or in PUBLI	C PLACE.
Menner of Injury				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Miles and a second				
Nature of Injury				
24. Was diseese or In	ury in eny wey	releted to occur	petion of deceased	12. NO
(Class 4)	aline	V. (Wille	imo
(Signed)			601.	M. E

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I_		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLEAU V.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		t .	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0/10
	1. PLACE OF DEATH	(31)	777
	County Nalston	Registration Dist. No.	
/	Village or City / Clay	No. Rolling Clere. St.,	Ward
	Length of residence in gity or town where death occurred 4	death occurred in a hospital or institution, give its NAME instead of street and r	
	2. FULL NAME GOKAR EWELLON	stapleton '	
	(a) Residence: No. New (Usual place of abode)	St./ Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
10	3. SEX 4. COKOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the ward)	21. DATE OF DEATH (Day)	, 193 (Year)
- 1	5a. It married, widowood, or divorced HUSBAND of Stapleton (or) WIFE of Stable M. Stapleton	22. I HEREBY CERTIFY That I attended	
ai	6. DATE OF BIRTH (month, day, and year) Run. 27, 1879	0 - 3 /	death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.21 Pm.	
certificate	54 / 1 / 6 1 day,his.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date of enset
Jo	8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cardi, vascular renal di senie	Eaguel Green
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occased new control of the control of		
uo su	10. Dato deceased last worked at this occupation (month end year)	Other Coutributory Causes of importance:	
ctio	12. BIRTHPLACE (city or town) Dattimpse	Other Country Cases of Importance.	
instructions	(State or country)	I almon my Subalism	48hrs.
	I Cot.		
See	14. BIRTHPLACE (city or town) (State or country)	Name ot operation Date of What test confirmed diagnosis? Was there an a	
important.	15. MAIOEN NAME Joelada Brown 16. BIRTHPLACE (city of town)	23. It death was due to external causes (VIOLENCE) fill in also the following	
ort	16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?/ \(\begin{align*} al	, 19
very im	17. INFORMANT Mys. Estella M. Stapleton	(Specify city or town, county and State Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
· E	18. BURIAL, CREMATION OR REMOVAL PROCESS 4, 1833	Manner of injury	
TION	19. UNOERTAKER Om licture from (Addiess) North Pagares	24. Was disease or injury in any way related to occupation of Gereased? If so, specity LEGELET U.	£
)	20. FILED Got 5 - , 1933 Best Wife for Registrar.	(Signed) (Address)	M. D.
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Huly 5, 1927	Peritonitis	3 days ago
Other contributory causes of phoortance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

John. Beit

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	050
1. PLACE OF DEATH ,	48	300
County Galtmare	Registration Dist. No.	9
Village or City Month ton R 1-D	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	
(a) Residence: No. Monk Lon R. F. D. (Usual place of abode)	St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	наге
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Co tolo (Nonth) (Day)	198.3_3
A. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A Sterens	22. I HEREBY CERTIFY, Thet I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) June 26 1874	Hast saw holm alive on Celofer 17 , 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3.30 m.	
59 3 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Ceretral Hassimilian	Oer 17
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and		1933
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation.	0	
12. BIRTHPLACE (city or town) (State or country)	Dther Coutributory Causes of importance:	colun
(State of country) (State of country) (State of country) (3. NAME Thomas n Sill	Caramus & Mans	16415
	Name of operation Dete of	(/
14. BIRTHPLACE (city or town) (State or country) N to the Car plan a	What test confirmed diagnosis? Was there an au	rlopsy?
15. MAIDEN NAME Malriner Jucker	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME Malsing Jucker 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of Injury Date of Injury Occur?	, 19
17. INFORMANT Mas H. Suy melson (Address) marries for Mac	(Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Stoffunces Date O2619, 1933	Manner of injury	
19. UNDERTAKER No la Brooks & Son (Addiess) Spartes Ind	24. Wes diseese or injury in any way related to occupation of deceased?	
20. FILED Oct 19 1933 Marie Alake	(Signed) 3 of Seuson (Address) Crekey sulle Mo	M. D.
		The second name of

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
)	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		(10-10-10)
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ANDRITIONATIO	OI ALOID I OIL	T UICIAILZIC	STATIMITATIO	17 1	T TI T DIOTAYA

V. S. No. 1

	S IS A PERMANEN	stated EXACTLY	properly classified.	certificate.
	HIS	be	be	of
	VK-T1	plnods	it may	n back
	A	国	ati	0 9
	SNG	AG	thi	ions
	UNFADI	pplied.	terms, so	instructi
	H	S	nin	See
)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
----------	-------	------	---------	------	----	-------

0	Ö	1.1	6.	1
()	J	J	U	Į.

1. PLACE OF DEATH	28
County Baltimore	Registration Dist. No. 30
Village or City Catonsville	No. Z Forest Drive St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Virginia Taylor	
(a) Residence: No. 3 Forest Drive (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Single	21. DATE OF DEATH Oct. 26 ,193 3 (Month) (Qay) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct.13, 1863	I last saw h. S.Y. alive on Oct 526 1938 death is said
7. AGE Years Months Oays If LESS than	I last saw h_er alive on
70 0 13 1 day,hrs	
9 Trade profession or particular	Oate of onset
S. Hade, Procession, or Particular, SAWYER, BOOKKEEPER, atc	Juluo vory & Sutestinal Fely
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Internal 1/33
SAW MILL, BANK, atc	- Subtracted
10. Oate deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Harford Co., (State or country)	Other Contributory Causes of Importence:
13. NAME Abednego Taylor	
13. NAME Abednego Taylor 14. BIRTHPLACE (city or town)	Name of operation Oata of Oata of
	What tast confirmed diagnosis?
T 16 PIPTUPIACE (eity of town)	Accidant, suicida, or homicide?
(Stata or country) Va.	Where did injury occur?
17. INFORMANT Mrs. Luther B. Kelley (Address) 3 Forrest Drive, Catonsvill	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Loudon Park Oata Oct. 30, 19 3	Natura of Injury
19. UNDERTAKER John A. Denny (Address) 715 Light St.	24. Was disease or injury In any way related to occupation of daceesed? 20,
20. FILEO. 7.2.7.19. Registrar.	(Signed) Sugh Forsythe M.D. (Addrass) 424 E. North av, Bulls
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 2 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS I	BY	PHYSICIAN
--------------------------	--------------------	----	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
county Baltimore	Registration Dist. No. S
Village or City EUDOWOOD SANATORIUM, TOWSO	N St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 3 ds. How long in U.S. it of toreign birth? vrs. mos ds.
Length of residence in city or town where death occurredyrs,mos.	death occurred in a norpital of institution, give its INAIVIE instead or street and number) 3. ds. How long in U.S. it of toreign birth?yrs,mos,ds.
611.	
2. FULL NAME (Ward Maden	BaOV
(a) Residence: No. // J. // (Usual place of about)	St., Ward. / Honnesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 1933
5a. It married, widowed, or divorced	(Month) (Ďay) (Year)
HUSBAND of (or) WIFE ot	22, SHEREBY CERTIFY. That I attended deceased from October 2, 1933, to October 4, 1923
6. DATE OF BIRTH (month, day, and yeer) June 22, 1912	I last sew hom elive on October 4 , 1933; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et. 4210 P.m.
21 3 12 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protection or particular	Were 23 tollows: Date of onsot
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Opul
9. Industry or business in which work wes done, as SILK MILL,	1930
A Tade, protessing, or particular, o	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 13 allung (State or country)	
13. NAME Charles Whiden	
13. NAME Charles Wheles 14. BIRTHPLACE (city or town) Baltimore (State or country)	Neme of operation 2009 Dete of
(State or country)	What test confirmed diagnosis? X Russ Wes there an eu opsy? MO
15. MAIDEN NAME Mary Canley	23. It deeth was due to externel causes (VIOL ENCE) fell in also the tollowing:
15. MAIDEN NAME May Ganley 16. BIRTHPLACE (city or town) Mantegorney (State or country)	Accident, suicide, or homicide? Date of injury, 19
Totale or country	Where did injury occur?
Hospital RecordsPersonal History (Address) DOWOOD SANATORIUM, TOWSON, MD	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carlos dra Carpate /7, 193?	Nature of Injury
The Contract of the Contract o	24. Was disease or injury in any wey releted to occupation of deceased?
19. UNDERTAKER (Address) Fills V Transpells	If so, specify
Chet It 23 (In Wild The	(Signed) NG Quality M. D.
20, FILED 7, 1900 A Registrar.	(Ardress) Eudowood San Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Mon 8 2/8/39				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		miles en electrones de la company de la		

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

should state of OCCUPA.

PHYSICIANS Exact statement

stated EXACTLY properly classified.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

AGE should be

RECORD. Every item of infor-

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH 099	353
1. PLACE OF DEATH		<u> </u>	, ()
County Balto		Registration Dist. No. 33	
00 - 6-	True Med	— No.	14fa.u.l
Village or City Alle Cles		No. St., St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death oc			
2. FULL NAME Bahy	Bay Wash	ington	
	Usual place of abode)	USt., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male colored OR	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1933 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) Oct	3'33		death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKYEPER, atc.	l ormin.	1 1 1	Date of enset
SAWYER, BOOKKEEPER, atc.		Still town.	
kind of work done as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Dato deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)(State or country)		Other Coutributory Causes of importance:	
13. NAME Joshua Elserot	to brankwater		****
13. NAME Isura Usura 14. BIRTHPLACE (city or town) Bound (State or country) Bound	estam Hd	Name of operation Date of	
	ONKeeta	What test confirmed diagnosis? Was there an au	
E 6. 1	in ma	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	storm,	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT JOSHUM 6	lswall Weeligh	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE) CE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
PlaceDate	e, 19	Nature of injury	
19. UNDERTAKER Nyme (Address)		24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED Oct 4 1933 2700	Menon	(Signed) ames M. Daffell	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09954
1, PLACE OF DEATH	(210-m)
/ County Dulling	Registration Dist. No.
/ Village or City Oella	No. St., Ward
(le	death occurred in a hospital or institution, give its NAME instead of street and number)
2 2 3/1	ds. How long in U.S. if of foreign blrth?yrs,mosd
2. FULL NAME Storge I Wea	vw
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
4. COLOR ON RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	Oex. / 7 193 de
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
200	, 19, to
6. DATE OF BIRTH (month, day, and yeer) / COU, / S / 7 7. AGE Years Months Days (FLESS than	liast saw h alive on; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8. Trede, profession, or particular	were as follows.
kind of work done, as SPINNER, Zamy SAWYER, BOOKKEEPER, etc.	malling race
9. Industry or business in which 7/1 0 10 'V	
kind of work done, as SPINNER, Law SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mild. SAW MILL, BANK, etc 10. Date deceased last worked at Deceased last worked last work	
- I this occupation (mondy http://	
year) occupation year	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	f for formal of the state of th
(State or country)	fella alcedell.
13. NAME Horge W. Weaven	
14. BIRTHPLACE (city or town) Mary bace of	Name of operation
	What test confirmed diagnosis? Clinical Judawas there an autopsy? Who
T TO THE TOTAL OF	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Thank (State or country)	Accident, suicide, or homicide?
Ma clas MI Illanca	(Specify city or town, county and State)
17. INFORMANT / 100. COM // COLUMN (Address) Cultur VIII	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, ORFINATION, OR REMOVAL	Manner of injury Net la outo
Place Cll Clu. Date Oll, 20,193	Nature of injury transferred CRUPP
19. UNDERTAKER Eastow Lous	24. Was disease or injury in any way related to occupation of deceased?
(Address) & lleid Cil.	if so, specify
20. FILED / 0/2/33, 19. All Celestrese	(Signed) Marshall Blogd, M.D.
Registrar.	(Address) alsomelle Wed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PORTING STATEMENTS BY THISTORY	

mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAINLY,

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE C	FI	DEATH	
---------------------------------	----	-------	--

()	0	0	P	Pro	
U	J	U	1)	1)	

1. PLACE OF DEATH	97)
County Baltimort	Registration Dist. No.
Village or City <u>Eatonsville</u>	ND. 5502 Edmandson (Line St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	nosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME John H. Weiker (a) Residence: No. 5502 Edmondson	
(a) Residence: No. 3502 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	193
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
(or) WIFE of Mary E. Weiker	22. I HEREBY CERTIFY. That I ettended deceased from March 1, 1933, to Cel 17, 1933
6. DATE OF BIRTH (month, day, and year) may 10-1858	I last sew h / 772 alive on Oct 16 , 19 3 3 death is sei
7. AGE Yeers Months Days If LESS than	
75 5 7 1 day,h	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Certenal School
9. Industry or business in which	Colored Dr Colores
work wes done, es SILK MILL, SAW MILL, BANK, etc.	See My Cy
deceased last worked at his occupetion (month end spent in this	field
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Saltunore	
(State or country)	
13. NAME John Weiser	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diegnosis? Was there an eu'opsy?
15. MAIDEN NAME Margaret Laghtner 16. BIRTHPLACE (city or town) Bullinge 4	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Bulkning 4	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mary 6 Wester	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 5502 Edwordson 18. BURIAL, CREMATION, ORDEMOVAL	
Plece Baltures & Date Bet 20, 193	Menner of injury
THE CONTRACT OF THE CONTRACT O	nature of injury.
19. UNDERTAKER The Control of the Carel Street	24. Was disease or injury In eny wey releted to occupation of deceesed?
20. FILED 10 1, 19 A Del Andrew Registrar.	(Signed) + Morkans M. (Address) 3100 Harfry Rd
a distribution of the state of	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gustroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09956
1. PLACE OF DEATH	(£2-Ē)
County Baltimore	Registration Dist. No. 3
Village or City Larehmont	No 2510 Pobler Drivest. Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
D1. 100 111 00	
2. FULL NAME Priscilla Wolls	40. w.t.
(a) Residence: No. (Uvul place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If merried, wildowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
0 + 17 1854	19.55 to 0.00 33
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	I last saw here alive on last said to have occurred on the date stated above, at 2, 19, 19, 19
79 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Houseworks SAWYER, BOOKKEEPER, etc.	Cerebral embolisis (Det.
S. Industry or business in which work was done, as SILK MILL, Occur.	with paralysis 23
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	1933
12. BIRTHPLACE (city or town) - House of County	Other Contributory Causes of importance:
(State or country)	Sentite
13. NAME Jacob O Read Wells	
13. NAME LARGE (city or town) . Callinary Canty	Name of operation Manual Date of a
(State of country)	What test confirmed diagnosis Was there an autopsy? Lo
15. MAIDEN NAME Jemporales Dawney 16. BIRTHPLACE (city or town) Baltariae Cutty	23. If death wes due to external causes (VIOLENCE) filling elso the following:
16. BIRTHPLACE (city or town) Baltimas Coult	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maruland	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) 2 5/0 Poplar Drine	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place White Maple Company to Aid	Nature of Injury
19. UNDER AKER Harry of assuraces from (Address) Harry Of degrad and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 0/23 1,193 m n. (Bufferd Registrar.	(Signed) Joshua Je Urmanos M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1 week ago 1921 Run over by street car Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
--	------------	-------	-----	---------	------------	------------------------	-----------

S. No. 1

OCCI

jo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ___ (__Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	40 July 10 Jul	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 19958
1. PLACE OF DEATH	(47)
County Palto	Registration Dist. No. 35
Village or City Freeland, (RD)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hilliam J. Mu	to
(a) Residence: No. Freeland, PA	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Weste 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED, (write the word)	21. DATE OF DEATH OCK . 3(, 1933 . (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of A 70 6	
(or) WIFE of Martha ada Mute	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 12 4/858	I lest saw h alive on 19; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4 3.0 P.m.
75 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER Selected Farmers	Mefly Wound
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	of the head
O 10. Date deceased last worked at 11 Total time (years)	
this occupation (month angle K, 193). spent in this year)	
Balling Comment	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME adam White.	
13. NAME (Claus Weste) 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAMEGallerine Troover.	23. If death was due to externel ceuses (VLOLENCE) fill in also the following:
15. MAIDEN NAMEGallarius Thowar. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Scale of enjury QCZ 3/, 1933
(State or country)	Where did injury occur? Inelland R.S. Ballo June
17. INFORMANT / Ton J. J. Thinte . Ir	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) direland, I and	Home 100
18. BURIAL CREMATION, OR REMOVA O. Oate Nov. 3, 1933	Nature of injury Fractions of left Semple
19. UNDERTAKER Paul Hut farteusteur	24. Was disease or injury in any way related to occupation of deceased?
(Address) hed pine led	if so, specify for the specific of the specifi
20. FILED Oct 31 1983 Samuel S. Wille 4 Registrar.	(Signed) Maryland Jesse ped
	6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the adustry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 A CV C C.	3 days ago
		DEC 1, ISSU	
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ITH UNFADING INK-THIS IS A PERMANE B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09959
D	(131)
County Oallmore	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Source Cama	Muze
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work)	21. DATE OF DEATH OCK 2 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Source Ulige	22. I HEREBY CERTIFY. That i attended decessed from
6. DATE OF BIRTH (month, day, and yeer) turbuonin	1 last/saw h. est alive on Sent 16 1933; deeth is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date steted above, at 5 . A .m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8. Trade, profession, or perticular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1730
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chance Detertitied House to 1028
	The state of the s
and occupation (month and	
year) occupetion occupetion	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town)	Chanic Colilis 4/3/33
(State or country)	///
13. NAME Wan. Smith.	
13. NAME 14. BIRTHPLACE (city or town) Tradevice Co.	Neme of operation
(State or country)	What test confirmed diagnosis? Wes there en eutopsy?_ 220
15. MAIDEN NAME ELLEN STATE OF TOWN) 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT CA SCALL (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Carron Uniquel- Vision Date. Oct 5, 1933	Neture of injury
(2) 8 2 1 0	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 EUED Och 31/4 mas It Drael mix	(Signed) lias luster M.D.
20. FILED 1938 AT Nodel (M.) Registrar.	(Address) White Hall hid
If were block we and all Compare	Walle and the state of the stat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
		A PART OF A PART OF THE PART O	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS IS A PERMANE

B.—WRITE PLAINLY,

V. S. No. 1

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. LauseWife Work work dona, as SPINNER, SAWYER, BOOKKEPER, etc. LauseWife Work work dona, as SPINNER, SAWYER, BOOKKEPER, etc. LauseWife Work work was dona, as SILK MILL, SAW MILL, BARK, etc. 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) Surmany What test confirmed diagnosis? Was thars an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Surmany Accident, suicide, or homicide? Date of Injury Mare did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Surmany Marked	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09960					
Village or City Length of rasidanca in city or given where death occurred. Length of rasidanca in city or given where death occurred. Length of rasidanca in city or given where death occurred. (a) Residence: No. Length of rasidanca in city or given where death occurred. (b) A second of the control o	1. PLACE OF DEATH	82-00					
Length of rasidance in city or folyn where death occurred yts	County Ballinger	Registration Dist. No.					
Length of rasidence in city or fown where daeth occurred yets and state of the country of the co	Village or City Dunsbulk.						
(a) Residence: No.	A						
PERSONAL AND STATISTICAL PARTICULARS J. COLOR OR RAGE S. SINGLE MARKED, WINDWED, OR PHYORED (which the wyft) A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED (which the wyft) A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED (which the wyft) A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED OR PHYORED OR PHYORED A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED OR PHYORED A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED A. COLOR OF RAGE S. SINGLE MARKED, WINDWED, OR PHYORED (Month) (Day) 19. 3. 22. I HEREBY CERTIFY, That I attanded deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	2. FULL NAME SUSSESSEL B	Weenhouse.					
PERSONAL AND STATISTICAL PARTICULARS 3. S.J. 4. COLOR OR RAVE 5. SINCLE, MARRIED, WINDWED, OR DIVORCED (work the wyf) OR DIVORCED (work) OR DI							
3. SP 4. COLOR OR RACE OR DIVORCED (which the work) 3. If married, widowed, or divorced HUSAND of Corp. What I attended deceased from the HUSAND of Corp. Wife of Corp.							
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of DEATH and pass of the standard deceased from (or) WIFE of DEATH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then fay, hrs. or min. 8. Treate, profession, or particular kind of work done, as SPINNER. SAWER, BOOKEEPER, etc. Acause of Information of work done, as SPINNER. SAWER, BOOKEEPER, etc. Acause of Information of work done, as SPINNER. SAWER, BOOKEEPER, etc. Acause of Information of work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Other deceased last worked et this occupation on the and pass occupation of the companion of the couple of the companion of the couple of the		7					
So. If married, widowed, or divorced HUSBAND of (or) WIFE of DATE (A 21 580 19		(Month) (Pay) (Vest)					
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than f day, hrs. or, min. The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows: Note of work done, as SPINRR, sawty or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Data deceased last worked et incompletion (month and year) 11. Total time (years) spant in this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury'.	5a. If marriad, widowed, or divorced HUSBAND of						
6. DATE OF BIRTH (month, day, and year) March 21- 880 7. AGE Years Months Days If LESS than f day, hrs. f day, f harris f day, f harri							
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. LauseWife SWYER, BOOKKEPER, etc. LauseWife SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, SWAWER, BOOKKEPER, etc. LauseWife Swaw was dona, as SILK MILL, Swaw w	6. DATE OF BIRTH (month, day, and year) March 21-01880						
8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BARN, etc. 10. Data deceased last worked et this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURTHPLACE (city or town) (Stata or country) Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury							
SAVER BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	53 / 6 or min.	were so follows:					
Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	8. Trade, profession, or particular kind of work dona, as SPINNER, LaurseWM	Popologo Here and and					
Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	9. Industry or deness in Which	(left)					
Other Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	SAW MILL, BANK, etc.						
13. NAME 13. NAME State or country State or country							
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	12 RIPTIPI ACE (city or town) Bally	Other Contributory Causes of Importance:					
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury Manner of injury							
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury Manner of injury	13. NAME Herman Gress.						
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury Manner of injury	14. BIRTHPLACE (city or town)	Name of operation					
(Specify city or town, county and State) 17. INFORMANT CAME A Massey A 30 1023 Manner of injury	(State of country)						
(Specify city or town, county and State) 17. INFORMANT CAME A Massey A 30 1023 Manner of injury	I IS. MAIDEN NAME AQUALITY						
17. INFORMANT CLASSICAL SPECIFY WHETHER INJURY OCCURRED IN HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury: Manner of injury:	Stata or country)	Where did injury occur?					
An aid that of Massey, AN 30 73		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
Disco Land D. C. M. A. C. T. T. A. A. M. C. L. 11/N 2 U 10/2 10/2		Manner of injury':					
Natura of injury	Place of alle flast of many oats UN 20, 1979	Natura of injury					
19. UNDERTAKER (Address) 1737 E. /Egge bh 19. 19. 19. Underson of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury in any way ralated to occupation of decass and injury inj							
20. FILED 10/28/33 Smilourica (Signad) MASILIF Halams (or M.D.							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 6	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year
			7 70 100

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	\mathbf{SICIA}	N
---	------------------	---

V. S. No. 1

. A.	STATE OF MARYLAND	CERTIFICATE OF DEATH	161
	1. PLACE OF DEATH	93-0	1
3/	County Vallendre	Registration Dist. No.	1
	Village or City Aferradale	No. 6 45 Colder State 158,	Ward
	Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAME Welliam W	Velenson	
	(a) Residence: No. 645 aldershot (Usuai place of abode)	Ward. If nonresident give city or town and	Sinte
admit	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of Clay aboth Welken on	22. HEREBY CERTIFY That I attended	
	DATE OF BIRTH (month, day, and year) Coffee 7 185-4	Hast saw h in alive on OCT 15 1933	death is said
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.20 Pm.	., 400011 13 3410
	79 7124 612 99 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	100
z	2 Tenda profession or portiouter	A to	Date of onset
TION	kind of work done as SPINNER, Machines	. Willro Ocherosis	1931
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
OCCUPA	10. Date deceased last worked at this occupation (month and spent in this		
_	year) occupation g	Other Coutributory Causes of Importance:	
12	BIRTHPLACE (city or town) Mary Can	phi man fot	2/201
×	(State or county) 13. NAME Welliam Hellans on	- Mone yourshit	120/3
FATHER	ON. O	non e	
FA	14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis?	mianous Ter
HER	15. MAIDEN NAME NOT / NOWWY	23. If death was due to external causes (VIOLENCE) fill in also the following	·
OTH	16. BIRTHPLACE (sity or town) ONG as Pan	Accident, suicide, or homicide? Date of injury	
E	(Stete or eoun)	Where did injury occur?(Specify city or town, county and Stat	
16	BRORMAND legabette Wiftenson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	(Address) 6 43 Glassian Burial, CRIMATION, OR REMOVAL	Manner of injury	
	Place alfudial Cempate 10/19, 19 3		
14	HINDERTAKED E. T. G. The Care	24. Was disease or injury in any way related to occupation of deceased?	no
19	(Address) Fullow & Fagelle	If so, specify	
20	FILED 1918 1933 SHOULEN	(Signed) Multiple	M. I
H	La Company Registrar.	(Address) 108 /V. July	h.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I					
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year			
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:			

A	DDIT	IONA	L S	PACE	FOR	FURTH	ER ST	[AT]	EMENT	S BY	PHYSIC	CIAN		
Statement	of	age	of								with	date	of	birth
and	date	of	dea	th.	11/	3/33.	Bur	eau	V.S.	- L				